## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F04000002520

Title:

Name:

Address:

City-St-Zip:

FILED Nov 03, 2008 Secretary of State

Entity Nan	ne: ASTON MA	ARTIN LAGONDA OF NORTH	HAMERICA, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
ONE PREMIER PLACE IRVINE, CA 92618				9920 IRVINE CENTER DRIVE IRVINE, CA 92618			
Current Ma	ailing Address	:	New Maili	New Mailing Address:			
ONE PREMIER PLACE IRVINE, CA 92618				9920 IRVINE CENTER DRIVE IRVINE, CA 92618			
FEI Number:	06-1220222	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Des	sired ( )	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 SOUT	ORATION SYS TH PINE ISLAN DN, FL 33324						
The above in the State		ubmits this statement for the p	urpose of changing it	ts registered o	office or registered age	nt, or both,	
SIGNATUR							
OFFICERS	Electronic	c Signature of Registered Age  ORS:		S/CHANGES	Date  TO OFFICERS AND	DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCD () DONNELLY, W T BANBURY ROAD GAYDON, GREA		Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	TD ()[ HUNSLEY, DAVII BANBURY ROAD GAYDON, GREA		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VD () [ WALTON, JOHN ONE PREMIER F IRVINE, CA 926		Title: Name: Address: City-St-Zip:	JENKINS, JUL	CENTER DRIVE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARIA PLUNKETT S 11/03/2008

() Delete

PLUNKETT, MARIA

IRVINE, CA 92618

ONE PREMIER PLACE

(X) Change ( ) Addition

PLUNKETT, MARIA

IRVINE, CA 92618

9920 IRVINE CENTER DRIVE