2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006097

Entity Name: EADS NORTH AMERICA HOLDINGS, INC.

FILED Apr 08, 2008 Secretary of State

Current Pi	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
1616 FT. N						
STE. 1600 ARLINGTO	ON, VA 22209	US				
Current Mailing Address:			New Maili	New Mailing Address:		
1616 FT. N	IYER DR.					
STE. 1600 ARLINGTO	ON, VA 22209	US				
FEI Number: 13-1833529 FEI Number Applied For () FEI			FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
2731 EXEC SUITE 4	VICES, INC. CUTIVE PARK I FL 33331 US	DRIVE				
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	its registered	office or registered agent, or both,	
SIGNATUF	RE:					
	Electroni	c Signature of Registered Age	ent		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS	S AND DIRECT	ORS:	ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	C () CROSBY, RALP 1616 NORTH FT ARLINGTON, VA	. MYERS	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LIBERATORE, R 1401 H STREET		Title: Name: Address: City-St-Zip:	D (X YOUNG, JOHN 1616 NORTH F ARLINGTON, N	FT. MYERS	
Title: Name: Address: City-St-Zip:	S () CARDIN, PIERR 1616 FT.MYER I ARLINGTON, VA	DR.,STE. 1600	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RING, HANS-PE LUDWIG-BOLKO	Delete TER DW-LLEE, GEV 6.1 SERMANY 85521, NA 81663 DE	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D () MCARTOR, ALL, 198 VAN BUREN HERDON, VA 20	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	EMERSON, CH	R DRIVE, SUITE 1600	

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.

SIGNATURE: PIERRE CARDIN S 04/08/2008