2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002088

Entity Name: ARMORGROUP NORTH AMERICA, INCORPORATED

FILED Aug 30, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1420 SPRING HILL RD SUITE 300 MCLEAN, VA 22102					
Current Mailing Address:			New Mailing Address:		
1420 SPRIN MCLEAN, V	NG HILL RD S /A 22102	SUITE 300			
FEI Number:	04-3596310	FEI Number Applied For () FEI N	umber Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE:					
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CONNELL, GE 1420 SPRING I MCLEAN, VA 2	HILL RD SUITE 300 22102	Title: Name: Address: City-St-Zip:	CP (X) Change () Addition KARL, SEMANCIK 1420 SPRING HILL RD SUITE 300 MCLEAN, VA 22102 US	
Title: Name: Address: City-St-Zip:	CVS (WEAVER, RICI PO BOX 709 WEST POINT,		Title: Name: Address: City-St-Zip:	CSEC (X) Change () Addition KARL, SEMANCIK 1420 SPRING HILL RD SUITE 300 MCLEAN, VA 22102 US	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	CDIR () Change (X) Addition GREG, GOVAN 1420 SPRING HILL RD SUITE 300 MCLEAN, VA 22102 US	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	CDIR () Change (X) Addition FELIX, DUPREE 1420 SPRING HILL RD SUITE 300 MCLEAN, VA 22102 US	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	CVP () Change (X) Addition JAMES, SCHMITT 1420 SPRING HILL RD SUITE 300 MCLEAN, VA 22102 US	

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: KARL SEMANCIK CP 08/30/2007