
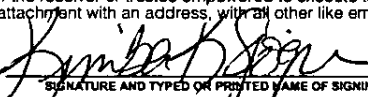


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90234 040 ***150.00

DOCUMENT # F06000007759 1. Entity Name BOMBARDIER AEROSPACE CORPORATION					
Principal Place of Business 3400 WATERVIEW PKWY STE 400 RICHARDSON, TX 75080				Mailing Address 3400 WATERVIEW PKWY STE 400 RICHARDSON, TX 75080	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7707 Suite, Apt. #, etc. Attn: Tax Dept. City & State Wichita, Ks. Zip 67277-7707			
City & State Zip		Country U.S.		4. FEI Number 06-0963147	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JORAN, ANDY 401 SOUTHWEST 4TH AVENUE, SUITE 306 FT. LAUDERDALE, FL 33315				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MONROE, WILLIAM G <input type="checkbox"/> Delete 1113 LA PALOMA CT SOUTHLAKE, TX 76092		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BEAUDOIN, PIERRE <input type="checkbox"/> Delete 400 COTE VERTU WEST DORVAL, QUEBEC, CANADA, XX H4S1Y9		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSHALL, BRUCE <input type="checkbox"/> Delete 301 W COVINGTON WAY COLLEYVILLE, TX 76034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARVEY, NINA <input checked="" type="checkbox"/> Delete 4420 MARK TWAIN CT DERBY, KS 67037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kimba Sjogren <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Bearjet Way Wichita, Ks. 67209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARLE, ROGER <input type="checkbox"/> Delete 800 RENE-LEVESQUE BLVD. WEST 29TH FLOOR MONTREAL, QUEBEC, CANADA, XX H3B1Y8		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OUELLETTE, FRANCOIS <input type="checkbox"/> Delete 400 COTE VERTU WEST DORVAL, QUEBEC, CANADA, XX H4S1Y9		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Kimba Sjogren <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/29/08 Daytime Phone #: 316-946-2000		