2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001398

Entity Name: EADS NORTH AMERICA, INC.

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1616 FORT MYER DRIVE, 1600 ARLINGTON, VA 22209						
Current Mailing Address:			New Maili	New Mailing Address:		
1616 FORT MYER DRIVE, 1600 ARLINGTON, VA 22209						
FEI Number: 95-3174837 FEI Number Applied For () FEI Number		FEI Number Not Appl	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name				d Address of New Registered Agent:		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., STE 4 WESTON, FL 33331 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			t	Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V () DENNIS, BURNE 1616 FORT MYE ARLINGTON, VA	ER DRIVE, 1600	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PIERRE, CARDI 1616 FORT MYE ARLINGTON, VA	ER DRIVE, 1600 . 22209	Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	CCEO () RALPH, CROSB 1616 FORT MYE ARLINGTON, VA	ER DRIVE, 1600	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	T () CHRISTOPHER, 1616 FORT MYE ARLINGTON, VA	ER DRIVE, 1600	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V () HARVEY, NATHA 1616 FORT MYE ARLINGTON, VA	ER DRIVE, 1600	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	V () DAVID, OLIVER 1616 FORT MYE ARLINGTON, VA	*	Title: Name: Address: City-St-Zip:	() Change () Addition		
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						

SIGNATURE: PIERRE CARDIN SEC 04/01/2009

above, or on an attachment with an address, with all other like empowered.