## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F92000000808

Entity Name: HAWKER BEECHCRAFT SERVICES, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
9709 E. CE WICHITA, P		US		9709 E. CE WICHITA, I	NTRAL, DEF KS 67206	PT 835 US	
Current Mailing Address:			New Mailing Address:				
9709 E. CE WICHITA, P		US		9709 E. CE WICHITA, I	NTRAL, DEF KS 67206	PT 835 US	
FEI Number:	48-0677338	FEI Number Applied For ( )	FEI Num	nber Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:		Name and	Address of	New Registered Agent:	
BANKER LO 501 EAST I TAMPA, FL	. 33602 US named entity		rpose of	f changing it	ts registered (	office or registered agent, or both,	
SIGNATUR							
		nic Signature of Registered Agent	Į			Date	
Election Cam	ıpaign Financir	ng Trust Fund Contribution ( ).					
OFFICERS	AND DIREC	CTORS:		ADDITION	S/CHANGES	TO OFFICERS AND DIRECTOR	S:
Title: Name: Address: City-St-Zip:	PD ( BROWN, WIL 9709 E. CENT WICHITA, KS	RAL		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	S ( LAMBERTZ, D 10511 E CEN WICHITA, KS	TRAL		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V/D ( SILL, ROBER 9709 E. CENT WICHITA, KS	RAL		Title: Name: Address: City-St-Zip:	V/D (X BITCON, MICK 9709 E. CENT WICHITA, KS	RAL	
Title: Name: Address: City-St-Zip:	VTD ( SELLEW, GEO 9709 E. CENT WICHITA, KS	RAL		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	AS ( HAFFNER, LIS 9709 E CENTI WICHITA, KS	RAL		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	AS ( SANDERS, JA 9709 E. CENT WICHITA, KS	RAL		Title: Name: Address: City-St-Zip:	AS (X ANDERSON, S 9709 E. CENT WICHITA, KS	RAL	

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: LISA A HAFFNER AS 04/27/2009