

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005365

FILED
Apr 30, 2008
Secretary of State

Entity Name: ROLLS-ROYCE CORPORATION

Current Principal Place of Business:

2355 S TIBBS AVE
INDIANAPOLIS, IN 46241

New Principal Place of Business:

Current Mailing Address:

14850 CONFERENCE CTR DR.
100
CHANTILLY, VA 20151 US

New Mailing Address:

FEI Number: 35-1899021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: GUYETTE, JAMES
Address: 14850 CONFERENCE CENTER DR., SUITE 100
City-St-Zip: CHANTILLY, VA 20151

Title: S () Delete
Name: SULLIVAN, MARY S
Address: 14850 CONFERENCE CTR. DR.
City-St-Zip: CHANTILLY, VA 20151

Title: COO () Delete
Name: DWYER, STEVEN
Address: 2001 S TIBBS AVE
City-St-Zip: INDIANAPOLIS, IN 46241

Title: S () Delete
Name: DALE, THOMAS
Address: 14850 CONFERENCE CENTER DR, SUITE 100
City-St-Zip: CHANTILLY, VA 20151

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARY S SULLIVAN

S

04/30/2008

Electronic Signature of Signing Officer or Director

Date