## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F93000005365

Title:

Name:

Address:

City-St-Zip:

Entity Name: ROLLS-ROYCE CORPORATION

FILED May 07, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2355 S TIE INDIANAP	BBS AVE OLIS, IN 46241					
Current Mailing Address:			New	New Mailing Address:		
14850 CONFERENCE CTR DR.				1875 EXPLORER ST. SUITE 200		
	Y, VA 20151	US		ON, VA 20190	US	
FEI Number:	: 35-1899021	FEI Number Applied For ( )	FEI Number No	t Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1201 HAYS	ATION SERVICI S STREET SSEE, FL 3230					
	named entity so e of Florida.	ubmits this statement for the pu	rpose of chan	ging its registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			t	Date		
		(2)(b), F.S., the corporation did not a Trust Fund Contribution ( ).	receive the prior	r notice.		
OFFICERS AND DIRECTORS:			ADDI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GUYETTE, JÀME	ENCE CENTER DR., SUITE 100	Title: Name: Addres City-St	s: 1875 EXPL	ORER ST., SUITE 200	
Title: Name: Address: City-St-Zip:	S () SULLIVAN, MAR 14850 CONFERI CHANTILLY, VA	ENCE CTR. DR.	Title: Name: Addres City-St	s: 1875 EXPl	ORER ST., SUITE 200	
Title: Name: Address: City-St-Zip:	COO () I DWYER, STEVE 2001 S TIBBS A' INDIANAPOLIS.	<b>V</b> E	Title: Name: Addres Citv-St	s: 2001 S TIE		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARY S. SULLIVAN SEC 05/07/2009

() Delete

14850 CONFERENCE CENTER DR, SUITE 100

DALE, THOMAS

CHANTILLY, VA 20151

(X) Change ( ) Addition

1875 EXPLORER ST., SUITE 200

DALE, THOMAS

RESTON, VA 20190