

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 17, 2012
Secretary of State

Entity Name: HAWKER BEECHCRAFT REGIONAL OFFICES, INC.

Current Principal Place of Business:

9709 E. CENTRAL, DEPT 835
WICHITA, KS 67206

New Principal Place of Business:

10511 E. CENTRAL, DEPT 835
WICHITA, KS 67206

Current Mailing Address:

9709 E. CENTRAL, DEPT 835
WICHITA, KS 67206

New Mailing Address:

10511 E. CENTRAL, DEPT 835
WICHITA, KS 67206

FEI Number: 48-1143889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOURGEOIS, L. ROBERT
BANK LOPEZ GASSLER PA
501 E. KENNEDY BLVD, SUITE 1500
TAMPA, FL 33602 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

OFFICERS AND DIRECTORS:

Title: PD
Name: VICK, SHAWN W
Address: 10511 E. CENTRAL
City-St-Zip: WICHITA, KS 67206

Title: TD
Name: TJON, K.J.
Address: 10511 E. CENTRAL
City-St-Zip: WICHITA, KS 67206

Title: VSD
Name: SNYDER, ALEXANDER L.W.
Address: 10511 E. CENTRAL
City-St-Zip: WICHITA, KS 67206

Title: VD
Name: VASCSINEC, GINA E
Address: 10511 E. CENTRAL
City-St-Zip: WICHITA, KS 67206

Title: AS
Name: ALLEN, BARBARA L
Address: 10511 E. CENTRAL
City-St-Zip: WICHITA, KS 67206

Title: AS
Name: HAFFNER, LISA A
Address: 10511 E. CENTRAL
City-St-Zip: WICHITA, KS 67206

I hereby 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 all other like empowered.

SIGNATURE: LISA A. HAFFNER

AS

01/17/2012

Electronic Signature of Signing Officer or Director

_____ Date