

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006013

Entity Name: LEARJET INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

ONE LEARJET WAY
WICHITA, KS 67277707

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7707
ATTN:TAX DEPT.
WICHITA, KS 67277707

New Mailing Address:

FEI Number: 13-3567473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: VD () Delete
Name: KANALEY, M.S.
Address: 1 LEARJET WAY
City-St-Zip: WICHITA, KS 67209

Title: S () Delete
Name: BEAURIVAGE, ANNE G
Address: 1 LEARJET WAY
City-St-Zip: WICHITA, KS 67209

Title: ATD () Delete
Name: PUFAHL, DONALD R
Address: 1 LEARJET WAY
City-St-Zip: WICHITA, KS 67209

Title: CD () Delete
Name: BEAUDOIN, PIERRE
Address: 400 COTE- VERTY WEST
City-St-Zip: DORVAL, QUEBEC, CA H45 1Y9

Title: D () Delete
Name: SEGUIN, JEAN
Address: 400 COTE-VERTU WEST
City-St-Zip: DORVAL, QUEBEC, CA H45 1Y9

Title: AT () Delete
Name: GARVEY, JONINA R
Address: 1 LEARJET WAY
City-St-Zip: WICHITA, KS 67209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: COLEAL, DAVID M
Address: ONE LEARJET WAY
City-St-Zip: WICHITA, KS 67209

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:

Title: AT (X) Change () Addition
Name: SJOGREN, KIMBA
Address: ONE LEARJET WAY
City-St-Zip: WICHITA, KS 67209

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: KIMBA SJOGREN

AT

04/30/2008

Electronic Signature of Signing Officer or Director

Date