


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90151 034 ***150.00

DOCUMENT # F95000001649 1. Entity Name HAWKER BEECHCRAFT CORPORATION					
Principal Place of Business 9709 E. CENTRAL WICHITA, KS 67206 US			Mailing Address PO BOX 85 WICHITA, KS 67201-0085 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04212008 Chg-P CR2E034 (12/06)	
4. FEI Number 48-0135770				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOURGEOIS, L R FOWLER WHITE BOGGS BANKER P.A. 501 EAST KENNEDY BLVD., STE 1700 TAMPA, FL 33602-1900			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WALLACE, WAYNE W 9709 E. CENTRAL WICHITA, KS 67206	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	v/s/d Gail E. Lehman 9709 E. Central Wichita, KS 67206
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCHUSTER, JAMES E 9709 E CENTRAL WICHITA, KS 67206	<input type="checkbox"/> Delete			
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANDERS, JAMES K 9709 E CENTRAL WICHITA, KS 67206	<input type="checkbox"/> Delete			
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC BERGER, JACKIE A 9709 E. CENTRAL AVE. WICHITA, KS 67206	<input type="checkbox"/> Delete			
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAUNEIS, JOHN 9709 E. CENTRAL AVE. WICHITA, KS 67206	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	v/t George Sellow 9709 E. Central Wichita, KS 67206
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAWFORD, TONY 9709 E. CENTRAL AVE. WICHITA, KS 67206	<input type="checkbox"/> Delete			
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/24/08		316-676-6505
			Date		Daytime Phone #