2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# F95000001904

Entity Name: PIPER AIRCRAFT, INC.

Current Principal Place of Business:

2926 PIPER DR
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

2926 PIPER DR
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 23-2809685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARKINS, FRANCIS J
2926 PIPER DR
VERO BEACH, FL 32960 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:	D	( ) Delete
Name:	SCHREIBER, RICHARD R	
Address:	1629 LOCUST STREET	
City-St-Zip:	PHILADELPHIA, PA	
Title:	D	( ) Delete
Name:	PRICE, STEVE	
Address:	2 BETHESDA METRO CENTER 14TH FLOOR	
City-St-Zip:	BETHESDA, MD 20814	
Title:	D	( ) Delete
Name:	MYUNG, YI	
Address:	2 BETHESDA METRO CTR. 14TH FLOOR	
City-St-Zip:	BETHESDA, MD 20814	
Title:	CD	( ) Delete
Name:	O' BRIEN, GORDON	
Address:	2 BETHESDA METRO CTR, 14TH FLOOR	
City-St-Zip:	BETHESDA, MD 20814	
Title:	D	( ) Delete
Name:	BROOKS, ROBERT	
Address:	2 BETHESDA METRO CTR 14TH FLOOR	
City-St-Zip:	BETHESDA, MD 20814	
Title:	D	( ) Delete
Name:	LOGAN, TOM	
Address:	GLOBAL DOSIMETRY SOLUTION:2652 MCGAW AVE	
City-St-Zip:	IRVINE, CA 92614	

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:	
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: FRANCIS HARKINS RA 01/30/2009

Electronic Signature of Signing Officer or Director Date