

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004710

FILED
Jun 15, 2007
Secretary of State

Entity Name: EADS NORTH AMERICA TANKERS, LLC

Current Principal Place of Business:

1616 N. FORT MYER DRIVE, STE. 1600
ARLINGTON, VA 22209

New Principal Place of Business:

1990 W. NEW HAVE AVE.
310
MELBOURNE, FL 32934

Current Mailing Address:

1616 N. FORT MYER DRIVE, STE. 1600
ARLINGTON, VA 22209

New Mailing Address:

1990 W. NEW HAVE AVE.
310
MELBOURNE, FL 32934

FEI Number: 20-4727841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: EADS NORTH AMERICA, INC.
Address: 1616 N. FORT MYER DRIVE, STE. 1600
City-St-Zip: ARLINGTON, VA 22209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: EADS CASA USA, INC.,
Address: 1616 N. FORT MYER DRIVE, STE. 1600
City-St-Zip: ARLINGTON, VA 22209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: SECR () Change (X) Addition
Name: PIERRE, CARDIN
Address: 1616 FORT MYER DRIVE
City-St-Zip: ARLINGTON, VA 22209

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PIERRE CARDIN

MANA

06/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date