#### Electronic Signature of Signing Officer/Director Detail

ficer/Director Detail

# 2023 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

# DOCUMENT# F08000001398

Entity Name: AIRBUS U.S. SPACE & DEFENSE, INC.

#### Current Principal Place of Business:

8311 NEWSPACE DRIVE MERRITT ISLAND, FL 32953

#### **Current Mailing Address:**

1525 WILSON BLVD STE 500 ARLINGTON, VA 22209 US

## FEI Number: 95-3174837

#### Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US FILED Feb 22, 2023 Secretary of State 8511688495CC

Date

Certificate of Status Desired: No

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

# Officer/Director Detail :

Officer/Director Detail :					
Title	CEO	Title	TREASURER		
Name	GECKLE, ROBERT ALAN	Name	LADEGUI, IGNACIO		
Address	1525 WILSON BLVD STE 500	Address	1525 WILSON BLVD STE 500		
City-State-Zip:	ARLINGTON, VA USA VA 22209	City-State-Zip:	ARLINGTON VA 22209		
Title	DIRECTOR	Title	DIRECTOR		
Name	MILLER, FRANKLIN	Name	SHELTON, WILLIAM		
Address	1525 WILSON BLVD SUITE 500	Address	1525 WISLON BLVD SUITE 500		
City-State-Zip:	ARLINGTON VA 22209	City-State-Zip:	ARLINGTON VA 22209		
Title	DIRECTOR	Title	DIRECTOR		
Name	SCHOELLHORN, MICHAEL	Name	EVEN, BRUNO		
Address	1525 WILSON BLVD SUITE 500	Address	1525 WISLON BLVD SUITE 500		
City-State-Zip:	ARLINGTON VA 22209	City-State-Zip:	ARLINGTON VA 22209		
Title	OFFICER	Title	DIRECTOR		
Name	FACKTOR, DEBRA	Name	SIRANGELO, MARK		
Address	1525 WISLON BLVD SUITE 500	Address	1525 WISLON BLVD SUITE 500		
City-State-Zip:	ARLINGTON VA 22209	City-State-Zip:	ARLINGTON VA 22209		

# Continues on page 2

CORPORATE

SECRETARY

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: CARA SINDIR

02/22/2023

Date

#### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	NASR, JEAN-MARC	Name	LONG, LETITIA
Address	1525 WILSON BLVD SUITE 500	Address	1525 WILSON BLVD SUITE 500
City-State-Zip:	ARLINGTON VA 22209	City-State-Zip:	ARLINGTON VA 22209
Title	DIRECTOR	Title	SECRETARY
Name	SWEENEY, KEVIN	Name	SINDIR, CARA
Address	1525 WILSON BLVD	Address	1525 WILSON BLVD, STR 500
City-State-Zip:	SUITE 500 ARLINGTON VA 22209	City-State-Zip:	ARLINGTON VA 22209
<b>T</b> :41 -	DIRECTOR	Title	CHAIRMAN
Title		Name	GECKLE, ROBERT
Name	KNITTEL, C. JEFFREY 1525 WILSON BLVD 500	Address	1525 WILSON BLVD
Address		0.1 0. 1 T	SUITE 500
City-State-Zip:	ARLINGTON VA 22209	City-State-Zip:	ARLINGTON VA 22209