

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90007 049 ***150.00

DOCUMENT # F01000003623



1. Entity Name
EADS NORTH AMERICA DEFENSE COMPANY

Principal Place of Business: 1616 NORTH FT. MYER DRIVE, SUITE 1500, ARLINGTON, VA 22209 US
 Mailing Address: 1616 NORTH FT. MYER DRIVE, SUITE 1500, ARLINGTON, VA 22209 US

50023602



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

07052006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number: 95-3842599
 Applied For: Not Applicable

City & State

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: CEO
 NAME: OLIVER, DAVID Delete
 STREET ADDRESS: 1616 NORTH FORT MYER DRIVE, 1500
 CITY-ST-ZIP: ARLINGTON, VA 22209

TITLE: CEO Change Addition
 NAME: YOUNG, JOHN
 STREET ADDRESS: 1616 North Fort Myer Dr., 1500
 CITY-ST-ZIP: Arlington VA 22209

TITLE: CFO Delete
 NAME: MALONE, STEPHEN
 STREET ADDRESS: 1616 NORTH FT. MYER DRIVE, 1500
 CITY-ST-ZIP: ARLINGTON, VA 22209

TITLE: Director Change Addition
 NAME: Hough, Michael
 STREET ADDRESS: 6603-H Thackell Way
 CITY-ST-ZIP: Alexandria, VA 22315

TITLE: D Delete
 NAME: YARBOROUGH, WILLIAM G
 STREET ADDRESS: PO BOX 828
 CITY-ST-ZIP: MCLEAN, VA 22101

TITLE: Director Change Addition
 NAME: Oliver, David
 STREET ADDRESS: 1616 North Ft. Myer Dr., 1600
 CITY-ST-ZIP: Arlington, VA 22209

TITLE: D Delete
 NAME: COLEMAN, GLENN
 STREET ADDRESS: 413 W. PALM VALLEY DRIVE
 CITY-ST-ZIP: OVIEDO, FL 32765

TITLE: Director Change Addition
 NAME: Crosby, Ralph
 STREET ADDRESS: 1616 North Fort Myer Dr., 1600
 CITY-ST-ZIP: Arlington VA 22209

TITLE: D Delete
 NAME: MONIS, RICHARD J
 STREET ADDRESS: 4208 HAMMERSMITH DRIVE
 CITY-ST-ZIP: CLERMONT, FL 34711

TITLE: Director Change Addition
 NAME: Emerson, Christopher
 STREET ADDRESS: 1616 North Ft. Myer Dr., 1600
 CITY-ST-ZIP: Arlington VA 22209

TITLE: D Delete
 NAME: REYNOLDS, ROBERT
 STREET ADDRESS: 7627 MINERAL SPRING COURT
 CITY-ST-ZIP: SPRINGFIELD, VA 22153

TITLE: Director Change Addition
 NAME: Bultel, Jean
 STREET ADDRESS: Zone Aeronautique Louis Bréguet
 CITY-ST-ZIP: BP 06-78141 Yvelin Cedex FRANCE

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 all other like empowered.

SIGNATURE: _____

John H. Young
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/06
 Date

Daytime Phone #