2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003623

Entity Name: EADS NORTH AMERICA DEFENSE COMPANY

FILED Apr 28, 2007 Secretary of State

| Current Principal Place of Business: | | | New Pri | New Principal Place of Business: | | | |
|--------------------------------------|--|----------------------------------|-------------------------|--|--|----|--|
| SUITE 150 | | | | | | | |
| ARLINGIC | N, VA 22209 | US | | | | | |
| Current M | ailing Addres | ss: | New Ma | iling Address: | : | | |
| 1616 NOR | 1616 NORTH FT. MYER DRIVE | | | | | | |
| SUITE 150 ARLINGTO | 0 N, VA 22209 | US | | | | | |
| FEI Number: | , | FEI Number Applied For() | FEI Number Not Ap | oplicable () | Certificate of Status Desired () | | |
| Name and | Address of C | Current Registered Agent: | Name ar | nd Address of | New Registered Agent: | | |
| 1200 SOU | ORATION SY TH PINE ISLA ON, FL 33324 | ND ROAD | | | | | |
| The above in the State | | submits this statement for the p | urpose of changing | g its registered | office or registered agent, or both | ١, | |
| SIGNATUF | RE: | | | | | | |
| | Electror | nic Signature of Registered Age | nt | | Date | - | |
| Election Can | npaign Financin | g Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIO | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: | |) Delete | Title: Name: | | (X) Change () Addition | | |
| Name: Address: | • | | | | OLIVER, DAVID R 1616 NORTH FT. MYER DRIVE | | |
| City-St-Zip: | ARLINGTON, V | | City-St-Zip | : ARLINGTON, | VA 22209 US | | |
| Title: | CFO (| Delete | Title: | S (| (X) Change()Addition | | |
| Name: | MALONE, STEI | | Name: | BURNETT, DE | ENNIS J | | |
| Address: City-St-Zip: | ARLINGTON, V | T. MYER DRIVE, 1500 A 22209 | Address: City-St-Zip | | FT. MYER DRIVE VA 22209 US | | |
| Title: | D (X |) Delete | Title: | (|) Change () Addition | | |
| Name: | YARBOROUGH, WILLIAM G | | Name: | | | | |
| Address: City-St-Zip: | PO BOX 828 MCLEAN, VA 2 | 2101 | Address: City-St-Zip | : | | | |
| Title: | D (X |) Delete | Title: | (| () Change () Addition | | |
| Name: | COLEMAN, GL | | Name: | | | | |
| Address: City-St-Zip: | 413 W. PALM V OVIEDO, FL 3 | | Address: City-St-Zip | : | | | |
| Title: | D (X |) Delete | Title: | (| () Change () Addition | | |
| Name: | MONIS, RICHA | | Name: | | | | |
| Address: City-St-Zip: | 4208 HAMMER CLERMONT, F | | Address: City-St-Zip | : | | | |
| Title: | D (X |) Delete | Title: | (|) Change () Addition | | |
| Name: | REYNOLDS, R | | Name: | | | | |
| Address: City-St-Zip: | 7627 MINERAL SPRINGFIELD. | SPRING COURT | Address: City-St-Zip | | | | |
| Uity-Ut-LIP. | OF KINGHILLD, | 0/1 ZZ 100 | Oity-Ot-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: DENNIS J BURNETT S 04/28/2007