

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 AM 11:28

DOCUMENT # **P10074** (3)

1. Corporation Name
AEROSPATIALE, INC.

Principal Place of Business Mailing Address
**1101 15TH ST., N.W.
WASHINGTON DC 20005**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **05/12/1986** 3a. Date of Last Report **02/10/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **13-1833529** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD**
NAME **BRADFORD, GREGORY**
STREET ADDRESS **1101 15TH STREET**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **VSD**
NAME **BACHOLLE, JEAN-MARIE**
STREET ADDRESS **1101 15TH STREET**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **D**
NAME **BATTISTELLA, JACQUES**
STREET ADDRESS **37 BLVD. DE MONTMORENCY**
CITY-ST-ZIP **PARIS, FRANCE**

TITLE **D**
NAME **DAVID, FRANCOIS**
STREET ADDRESS **37 BLVD. DE MONTMORENCY**
CITY-ST-ZIP **PARIS, FRANCE**

TITLE **D**
NAME **AUQUE, FRANCOIS**
STREET ADDRESS **37 BLVD. DE MONTMORENCY**
CITY-ST-ZIP **PARIS, FRANCE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **VSD** Change Addition
2.2 NAME **Clerc-Renaud, Pierre**
2.3 STREET ADDRESS **1101 15th Street**
2.4 CITY-ST-ZIP **Washington, DC 20005**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **D** Change Addition
4.2 NAME **Verret, Denis**
4.3 STREET ADDRESS **37 BLVD De Montmorency**
4.4 CITY-ST-ZIP **Paris, France**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **D** Change Addition
6.2 NAME **Taft, William H IV**
6.3 STREET ADDRESS **1001 Pennsylvania Ave NW**
6.4 CITY-ST-ZIP **Washington, DC 20004**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AGENT

Date

Telephone Number

Gregory H. Bradford
Gregory H. Bradford, President

3/31/95

902-293-0650