


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P10074		
1. Entity Name EADS NORTH AMERICA, INC.		

FILED
04 JUN 10 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 815 CONNECTICUT AVE #700 WASHINGTON, DC 20006	Mailing Address 815 CONNECTICUT AVE #700 WASHINGTON, DC 20006
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2. Principal Place of Business 815 Connecticut Ave, N.W. Ste. 700 City & State Washington DC Zip 20006	3. Mailing Address 815 Connecticut Ave, N.W. Ste. 700 City & State Washington DC Zip 20006
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04152004 Chg-P CR2E034 (10/03) *DM*

4. FEI Number 13-1833529	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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	
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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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD CROSBY, RALPH D JR 815 CONNECTICUT AVE WASHINGTON, DC 20006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP 815 Connecticut Ave., N.W., Ste. 700 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLERC-RENAUD, PIERRE 815 CONNECTICUT AVENUE N.W., STE 700 WASHINGTON, DC 20006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600038245796 06/24/04--01076--007 **550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO BRADFORD, GREGORY 815 CONNECTICUT AVENUE N.W., STE 700 WASHINGTON, DC 20006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO David R. Oliver, Jr 815 Connecticut Ave., N.W., Ste. 700 Washington, DC 20006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSAD VON NORDHEIM, MANFRED 815 CONNECTICUT AVE WASHINGTON, DC 20006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 815 Connecticut Ave., NW, Ste. 700 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO EMERSON, CHRISTOPHER 815 CONNECTICUT AVE WASHINGTON, DC 20006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A 815 Connecticut Ave., NW, Ste. 700 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC CARDIN, PIERRE 815 CONNECTICUT AVE WASHINGTON, DC 20006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC and CS 815 Connecticut Ave, NW, Ste. 700 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* *6/7/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #