


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P10074 (3)**

1. Corporation Name  
**AEROSPATIALE, INC.**

Principal Place of Business 1101 15TH ST., N.W. WASHINGTON DC 20005	Mailing Address 1101 15TH ST., N.W. WASHINGTON DC 20005
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/12/1986</b>	
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>13-1833529</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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			
				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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLISTER, CANTUS	1.2 NAME	PTD
STREET ADDRESS	800 TOWERS CRESCENT DR	1.3 STREET ADDRESS	Bradford, Gregory
CITY-ST-ZIP	VIENNA VA	1.4 CITY-ST-ZIP	1101 15th Street
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	Washington DC 20005 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLERC-RENAUD, PIERRE	2.2 NAME	
STREET ADDRESS	1101 15TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTISTELLA, JACQUES	3.2 NAME	
STREET ADDRESS	37 BLVD. DE MONTMORENCY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS, FRANCE	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERRET, DENIS	4.2 NAME	
STREET ADDRESS	37 BLVD. DE MONTMORENCY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS, FRANCE	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUQUE, FRANCOIS	5.2 NAME	
STREET ADDRESS	37 BLVD. DE MONTMORENCY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS, FRANCE	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAFT, WILLIAM H. I	6.2 NAME	
STREET ADDRESS	1001 PENNSYLVANIA AVE NW	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	6.4 CITY-ST-ZIP	

14. 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 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: *Gregory H Bradford* Gregory H Bradford, President 4/2/98 202 0650

CR2E034 (10/97)