

FILL NOW. FILING FEE AFTER MAY 10 IS \$600.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90181 049 \*\*\*150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1986  
4. FEI Number: 13-1833529  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstated) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLISTER, CANTUS	
STREET ADDRESS	800 TOWERS CRESCENT DR	
CITY - ST - ZIP	VIENNA VA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CLERC-RENAUD, PIERRE	
STREET ADDRESS	1101 15TH STREET	
CITY - ST - ZIP	WASHINGTON DC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BATTISTELLA, JACQUES	
STREET ADDRESS	37 BLVD. DE MONTMORENCY	
CITY - ST - ZIP	PARIS, FRANCE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERRET, DENIS	
STREET ADDRESS	37 BLVD. DE MONTMORENCY	
CITY - ST - ZIP	PARIS, FRANCE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AUQUE, FRANCOIS	
STREET ADDRESS	37 BLVD. DE MONTMORENCY	
CITY - ST - ZIP	PARIS, FRANCE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAFT, WILLIAM H. I	
STREET ADDRESS	1001 PENNSYLVANIA AVE NW	
CITY - ST - ZIP	WASHINGTON DC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PTD	
1.3 STREET ADDRESS	Bradford, Gregory	
1.4 CITY - ST - ZIP	1101 15th Street Washington DC 20005	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(a) Florida Statutes. I further certify that this form was filed in 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. I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name shall be printed on this report.

SIGNATURE: *Gregory H Bradford* Gregory H Bradford, President 4/20/99 202 293,0550