

1.) CORPORATION NAME:

**Airbus Americas, Inc.**

DUE DATE: **6/30/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
ROBERT A. GECKLE, JR.  
198 VAN BUREN ST.  
SUITE 300**

SCC ID NO: **F0545865**

**HERNDON, VA 20170**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	100
COMBNV	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 198 VAN BUREN STREET  
SUITE 300

CITY/ST/ZIP: HERNDON, VA 20170-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BARRY ECCLESTON	
TITLE:	P/CEO	
ADDRESS:	198 VAN BUREN ST STE 300	
CITY/ST/ZIP/CO:	HERNDON, VA 20170-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT A. GECKLE, JR.	
TITLE:	PRESIDENT	
ADDRESS:	198 VAN BUREN ST STE 300	
CITY/ST/ZIP/CO:	HERNDON, VA 20170-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LAURENT TREMEAU	
TITLE:	PRESIDENT	
ADDRESS:	198 VAN BUREN ST STE 300	
CITY/ST/ZIP/CO:	HERNDON, VA 20170-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN LEAHY	
TITLE:	VICE CHAIR	
ADDRESS:	1 ROND-POINT MAURICE BELLONTE BLAGNAC	
CITY/ST/ZIP/CO:	, -	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ALLAN MCARTOR	
TITLE:	CHAIR	
ADDRESS:	198 VAN BUREN STREET SUITE 300	
CITY/ST/ZIP/CO:	HERNDON, VA 20170-	

NAME: CHARLES CHAMPION TITLE: DIRECTOR ADDRESS: 1, ROND POINT MAURICE BLAGNAC, CEDEX, 31707, FRANCE CITY/ST/ZIP/CO: , -,	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: R. DOUGLAS GRECO TITLE: DIRECTOR ADDRESS: 198 VAN BUREN ST. SUITE 300 CITY/ST/ZIP/CO: HERNDON, VA 20170-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DIDIER LUX TITLE: DIRECTOR ADDRESS: 1, ROND POINT MAURICE BLAGNAC, CEDEX, 31707, FRANCE CITY/ST/ZIP/CO: , -,	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: TOM WILLIAMS TITLE: DIRECTOR ADDRESS: 1, ROND POINT MAURICE BLAGNAC, CEDEX, 31707, FRANCE CITY/ST/ZIP/CO: , -,	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ ROBERT A. GECKLE, JR. SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT A. GECKLE, JR., PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/12/2011 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		