

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211513336

1.) CORPORATION NAME:

Airbus Americas, Inc.

DUE DATE: **6/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
LAURENT TREMEAU
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.

NAME: BARRY ECCLESTON
TITLE: P/CEO
ADDRESS: 198 VAN BUREN ST
STE 300
CITY/ST/ZIP/CO: HERNDON, VA 20170-

OFFICER

DIRECTOR

NAME: JOHN LEAHY
TITLE: VICE CHAIR
ADDRESS: 1 ROND-POINT MAURICE BELLONTE
BLAGNAC
CITY/ST/ZIP/CO: , - ,

OFFICER

DIRECTOR

NAME: ALLAN MCARTOR
TITLE: CHAIR
ADDRESS: 198 VAN BUREN STREET SUITE 300
CITY/ST/ZIP/CO: HERNDON, VA 20170-

OFFICER

DIRECTOR

NAME: CHARLES CHAMPION
TITLE: DIRECTOR
ADDRESS: 1, ROND POINT MAURICE
BLAGNAC, CEDEX, 31707, FRANCE
CITY/ST/ZIP/CO: , - ,

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. DOUGLAS GRECO DIRECTOR 198 VAN BUREN ST. SUITE 300 HERNDON, VA 20170-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIDIER LUX DIRECTOR 1, ROND POINT MAURICE BLAGNAC,CEDEX,31707,FRANCE , -,	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM WILLIAMS DIRECTOR 1, ROND POINT MAURICE BLAGNAC,CEDEX,31707,FRANCE , -,	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT A. GECKLE, JR. VP LEGAL, GC 198 VAN BUREN ST STE 300 HERNDON, VA 20170-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURENT TREMEAU VP FINANCE, T 198 VAN BUREN ST STE 300 HERNDON, VA 20170-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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.

<u>/s/ ROBERT A. GECKLE, JR.</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>ROBERT A. GECKLE, JR., VP LEGAL, GC</u> PRINTED NAME AND CORPORATE TITLE	<u>6/23/2011</u> DATE
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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.