

1.) CORPORATION NAME:

**Airbus Americas, Inc.**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LAURENT TREMEAU  
2550 WASSER TERRACE  
SUITE 9100**

SCC ID NO: **F0545865**

**HERNDON, VA 20171**

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: 2550 WASSER TERRACE  
SUITE 9100

CITY/ST/ZIP: HERNDON, VA 20171

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	2550 WASSER TERRACE		
	SUITE 9100		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		

NAME:	ROBERT A. GECKLE, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP LEGAL, GC, S		
ADDRESS:	2550 WASSER TERRACE		
	SUITE 9100		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		

NAME:	LAURENT TREMEAU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP FINANCE, T		
ADDRESS:	2550 WASSER TERRACE		
	SUITE 9100		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		

NAME:	JOHN LEAHY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR		
ADDRESS:	1 ROND-POINT MAURICE BELLONTE		
	BLAGNAC, CEDEX, 31707, FRANCE		
CITY/ST/ZIP/CO:	, , FN		

NAME:	ROBERT L. LEKITES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP-CUSTOMERS		
ADDRESS:	2550 WASSER TERRACE, SUITE 9100		
CITY/ST/ZIP/CO:	HERNDON, VA		

NAME: ALLAN MCARTOR TITLE: CHAIR ADDRESS: 2550 WASSER TERRACE SUITE 9100 CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES CHAMPION TITLE: DIRECTOR ADDRESS: 1, ROND POINT MAURICE BLAGNAC,CEDEX,31707,FRANCE , , FN CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: R. DOUGLAS GRECO TITLE: DIRECTOR ADDRESS: 2550 WASSER TERRACE SUITE 9100 CITY/ST/ZIP/CO: HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DIDIER LUX TITLE: DIRECTOR ADDRESS: 1, ROND POINT MAURICE BLAGNAC,CEDEX,31707,FRANCE , , FN 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 , , FN 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., VP LEGAL, GC, S PRINTED NAME AND CORPORATE TITLE	4/25/2012 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.		