

1.) CORPORATION NAME:

ThyssenKrupp Airport Systems Inc.

DUE DATE: **8/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1411372**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3201 N SYLVANIA AVENUE
STE 117

CITY/ST/ZIP: FORT WORTH, TX 76111-

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: ENVER SARILAR
TITLE: VICE PRESIDENT
ADDRESS: 3201 N SYLVANIA AVE
STE 117
CITY/ST/ZIP/CO: FORTH WORTH, TX 76111-

OFFICER DIRECTOR

NAME: ROBERT N A AGINIAN
TITLE: AS/TAX OFFICER
ADDRESS: 3201 N SYLVANIA AVENUE
STE 117
CITY/ST/ZIP/CO: FORT WORTH, TX 76111-

OFFICER DIRECTOR

NAME: LUCIA FINKELSTEIN
TITLE: ASST SECRETARY
ADDRESS: 3201 N SYLVANIA AVENUE
STE 117
CITY/ST/ZIP/CO: FORT WORTH, TX 76111-

OFFICER DIRECTOR

NAME: RAYMOND STREETER
TITLE: VICE PRESIDENT
ADDRESS: 3201 N SYLVANIA AVENUE
STE 117
CITY/ST/ZIP/CO: FORT WORTH, TX 76111-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIA LAURA SUAREZ CFO/TREAS 3201 NORTH SYLVANIA AVENUE STE 117 FORT WORTH, TX 76111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK D JONES PRESIDENT 3201 N SYLVANIA AVENUE SUITE 117 FORT WORTH, TX 76111-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE C PAULSON SECRETARY 3155 WEST BIG BEAVER RD TROY, MI 48084-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TORSTEN GESSNER DIRECTOR 3201 NORTH SYLVANIA AVENUE STE 117 FORT WORTH, TX 76111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEXANDER PFURR DIRECTOR 3201 NORTH SYLVANIA AVENUE STE 117 FORT WORTH, TX 76111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DERIC RIGHTER DIRECTOR 3201 NORTH SYLVANIA AVENUE STE 117 FORT WORTH, TX 76111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARSTEN ROCKHOLTZ DIRECTOR 3201 NOTH SYLVANIA AVENUE STE 117 FORT WORTH, TX 76111-	<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/ LAWRENCE C PAULSON	LAWRENCE C PAULSON,	8/1/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	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.