

1.) CORPORATION NAME:

**Airbus Americas Customer Services, Inc.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LAURENT TREMEAU  
2550 WASSER TERRACE  
SUITE 9100**

SCC ID NO: **F1829524**

**HERNDON, VA 20171**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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 type="checkbox"/> DIRECTOR
TITLE:	VP/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-FIN/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 CHAIRMAN		
ADDRESS:	1, ROND POINT MAURICE BELLONTE		
CITY/ST/ZIP/CO:	, , FN		

NAME:	T. ALLAN MCARTOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2550 WASSER TERRACE		
	SUITE 9100		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		

NAME: KENNETH E. MCKENZIE TITLE: COO/SVP-CUSTOMER ADDRESS: 2550 WASSER TERRACE SUITE 9100 CITY/ST/ZIP/CO: HERNDON, VA 20170	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS E ANDERSON TITLE: DIRECTOR ADDRESS: 1, ROND POINT MAURICE BELLONTE , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT LEKITES TITLE: DIRECTOR ADDRESS: 2550 WASSER TERRACE, SUITE 9100 CITY/ST/ZIP/CO: HERNDON, VA 20171	<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/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.		