1133048.09

Fee Receipt: \$40.00

mmoore WTH

Michael G. Adams Kentucky Secretary of State Received and Filed: 2/18/2025 2:25 PM



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of (Foreign Bus	f Withdrawal iness Entity)		WFE
Pursuant to the provisions of KR business entity named below and 1. The name of the business en	d, for that purpose, sub tity is AIRBUS	omits the following sta U.S. Space	atements: & Defense	, Inc.
(The name must be identical to the name on record with the Secretary of State.)				
2. The state or country of forma	_{tion is} Delaware			
3. The Secretary of State may forward to the business entity at the following street address any process served on the Secretary of State and commits to notify the Secretary of State of any future changes to this address:				
1525 Wilson Blvd,	Suite 500	Arlington	VA	22209
Street Address (No Post Office Bo	ox Numbers)	City	State	Zip Code
 The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance. The business entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the Commonwealth. The business entity shall notify the Secretary of State in the future of any change in its mailing address. This application will be effective upon filing. 				
I declare under penalty of perjury	y under the laws of Ke	ntucky that the forgoin	ng is true and correc	t.
John Timmermann		John Timn	nermann	2/17/2025
Signature of Authorized Represen	ıtative	Printed Name		Date