## 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0900002141

Entity Name: DRS C3 & AVIATION COMPANY

## **Current Principal Place of Business:**

1 MILESTONE CENTER CT GERMANTOWN, MD 20876

# **Current Mailing Address:**

5 SYLVAN WAY 3RD FL., ATTN: DAVID CAMIOLO PARSIPPANY, NJ 07054 US

# FEI Number: 26-4736646

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED Apr 06, 2016 Secretary of State CC8257082394

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	DIRECTOR	Title	SECRETARY
Name	LYNN, WILLIAM J III	Name	KREBEL, KATHERINE A
Address	2345 CRYSTAL DRIVE	Address	201 EVANS LANE
City-State-Zip:	ARLINGTON VA 22202	City-State-Zip:	ST. LOUIS MO 63121
Title	PRESIDENT	Title	DIRECTOR
Name	MURPHY, TERENCE J	Name	DORFMAN, MARK A
Address	2345 CRYSTAL DRIVE	Address	2345 CRYSTAL DRIVE
City-State-Zip:	ARLINGTON VA 22202	City-State-Zip:	ARLINGTON VA 22202
Title	VP, TAXATION	Title	VP, ADMINISTRATION
Title Name	VP, TAXATION RINSKY, JASON	Title Name	VP, ADMINISTRATION SEXAUER, ROGER
	,		
Name	RINSKY, JASON 5 SYLVAN WAY	Name	SEXAUER, ROGER
Name Address	RINSKY, JASON 5 SYLVAN WAY	Name Address	SEXAUER, ROGER 2345 CRYSTAL DRIVE
Name Address City-State-Zip:	RINSKY, JASON 5 SYLVAN WAY PARSIPPANY NJ 07054	Name Address City-State-Zip:	SEXAUER, ROGER 2345 CRYSTAL DRIVE ARLINGTON VA 22202
Name Address City-State-Zip: Title	RINSKY, JASON 5 SYLVAN WAY PARSIPPANY NJ 07054 TREASURER	Name Address City-State-Zip: Title	SEXAUER, ROGER 2345 CRYSTAL DRIVE ARLINGTON VA 22202 VP, OPERATIONS
Name Address City-State-Zip: Title Name	RINSKY, JASON 5 SYLVAN WAY PARSIPPANY NJ 07054 TREASURER DIPPOLD, MICHAEL 2345 CRYSTAL DRIVE	Name Address City-State-Zip: Title Name	SEXAUER, ROGER 2345 CRYSTAL DRIVE ARLINGTON VA 22202 VP, OPERATIONS WALLACE, SALLY

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

### SIGNATURE: JASON RINSKY

VP TAXATION

04/06/2016

Date

Electronic Signature of Signing Officer/Director Detail