

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002141

**FILED**  
**Apr 19, 2017**  
**Secretary of State**  
**CC4915587436**

**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

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LYNN, WILLIAM J III  
Address 2345 CRYSTAL DRIVE  
SUITE 1000  
City-State-Zip: ARLINGTON VA 22202

Title ASST. SECRETARY  
Name KREBEL, KATHERINE A  
Address 201 EVANS LANE  
City-State-Zip: ST. LOUIS MO 63121

Title PRESIDENT  
Name MURPHY, TERENCE J  
Address 2345 CRYSTAL DRIVE  
SUITE 1000  
City-State-Zip: ARLINGTON VA 22202

Title DIRECTOR, SECRETARY  
Name DORFMAN, MARK A  
Address 2345 CRYSTAL DRIVE  
SUITE 1000  
City-State-Zip: ARLINGTON VA 22202

Title VP, TAXATION  
Name RINSKY, JASON  
Address 5 SYLVAN WAY  
City-State-Zip: PARSIPPANY NJ 07054

Title VP, ADMINISTRATION  
Name SEXAUER, ROGER  
Address 2345 CRYSTAL DRIVE  
SUITE 1000  
City-State-Zip: ARLINGTON VA 22202

Title TREASURER  
Name DIPPOLD, MICHAEL  
Address 2345 CRYSTAL DRIVE  
SUITE 1000  
City-State-Zip: ARLINGTON VA 22202

Title VP, OPERATIONS  
Name WALLACE, SALLY  
Address 2345 CRYSTAL DRIVE  
SUITE 1000  
City-State-Zip: ARLINGTON VA 22202

*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

04/19/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date