

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000005172

Entity Name: BAE SYSTEMS SHARED SERVICES INC.

Current Principal Place of Business:

11215 RUSHMORE DRIVE
CHARLOTTE, NC 28277

Current Mailing Address:

11215 RUSHMORE DRIVE
CHARLOTTE, NC 28277 US

FEI Number: 80-0683946

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 VP
Name GRAY, CURT
Address 1300 WILSON BLVD.
STE. 700
City-State-Zip: ARLINGTON VA 22209

Title TREASURER
Name HOWAT, D. SCOTT
Address 1101 WILSON BLVD SUITE 2000
City-State-Zip: ARLINGTON VA 22209

Title PRESIDENT
Name GARRISS, TRAVIS
Address 11215 RUSHMORE DRIVE
City-State-Zip: CHARLOTTE NC 28277

Title SECRETARY
Name BROWN, KATHERINE H.
Address 1101 WILSON BLVD
SUITE 2000
City-State-Zip: ARLINGTON VA 22209

Title ASSISTANT SECRETARY
Name GLENDINNING, EMILY
Address 11215 RUSHMORE DRIVE
City-State-Zip: CHARLOTTE NC 28277

Title VP
Name HOWAT, D. SCOTT
Address 1101 WILSON BLVD SUITE 2000
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR
Name ELDRIDGE, ALICE M.
Address 1101 WILSON BLVD
SUITE 2000
City-State-Zip: ARLINGTON VA 22209

Title VP
Name BROWN, KATHERINE H.
Address 1101 WILSON BLVD
SUITE 2000
City-State-Zip: ARLINGTON VA 22209

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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: EMILY GLENDINNING

ASSISTANT SECRETARY 04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name BROWN, KATHERINE H.
Address 1101 WILSON BLVD
SUITE 2000
City-State-Zip: ARLINGTON VA 22209

Title VP
Name ARSENEAULT, THOMAS A.
Address 1101 WILSON BLVD SUITE 2000
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR
Name HOWAT, D. SCOTT
Address 1101 WILSON BLVD SUITE 2000
City-State-Zip: ARLINGTON VA 22209

Title ASSISTANT TREASURER
Name SHERFEY, KEVIN
Address 11487 SUNSET HILLS RD.
City-State-Zip: RESTON VA 20190