

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000005184

Entity Name: THALES DEFENSE & SECURITY, INC.**Current Principal Place of Business:**22605 GATEWAY CENTER DRIVE
CLARKSBURG, MD 20871**Current Mailing Address:**22605 GATEWAY CENTER DRIVE
CLARKSBURG, MD 20871 US**FEI Number:** 52-0802860**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 SECRETARY, TREASURER
Name MILLER, BRIAN
Address 22605 GATEWAY CENTER DRIVE
City-State-Zip: CLARKSBURG MD 20871

Title DIRECTOR
Name MILLER, EDWARD
Address 2435 PARKSTREAM AVENUE
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR
Name KOLLMORGEN, LEE
Address 105 SADDLEBACK KNOLL
City-State-Zip: NELLYSVILLE VA 22958

Title DIRECTOR
Name HERBETS, MITCH
Address 22605 GATEWAY CENTER DRIVE
City-State-Zip: CLARKSBURG MD 20871

Title DIRECTOR
Name BISHOP, DOUG
Address 22605 GATEWAY CENTER DRIVE
City-State-Zip: CLARKSBURG MD 20871

Title DIRECTOR, PRESIDENT
Name SHEEHAN, MICHAEL
Address 22605 GATEWAY CENTER DRIVE
City-State-Zip: CLARKSBURG MD 20871

Title DIRECTOR
Name CAMPBELL, LT GENERAL WILLIAM H
Address 11301 BRIGHT POND LANE
City-State-Zip: RESTON VA 20194

Title DIRECTOR
Name EDMONDS, LTG ALBERT
Address 2760 EISENHOWER AVE
SUITE 202
City-State-Zip: ALEXANDRIA VA 22314

Continues on page 2

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: BRIAN MILLER**SECRETARY****04/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name AMIRAL, REAR
Address PO BOX 646
City-State-Zip: NELLYSFORD VA 22958

Title DIRECTOR
Name EDMONDS, LTG ALBERT
Address SUITE 202 2760 EISENHOWER
 AVENUE
City-State-Zip: ALEXANDRIA VA 22314