2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2013
Secretary of State
CC2080699726

DOCUMENT# F12000005184

Entity Name: THALES COMMUNICATIONS, INC.

Current Principal Place of Business:

22605 GATEWAY CENTER DRIVE
CLARKSBURG, MD 20871

Current Mailing Address:

2733 SOUTH CRYSTAL DRIVE
SUITE 1200
ARLINGTON, VA 22202

FEI Number: 52-0802860

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	D/P
Name	SHEEHAN, MICHAEL
Address	22605 GATEWAY CENTER DRIVE
City-State-Zip:	CLARKSBURG MD 20871

Title	S/T
Name	FRANSEN, DENNIS
Address	22605 GATEWAY CENTER DRIVE
City-State-Zip:	CLARKSBURG MD 20871

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

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

Title	D
Name	FRANSEN, DENNIS
Address	22605 GATEWAY CENTER DRIVE
City-State-Zip:	CLARKSBURG MD 20871

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

Title	DIRECTOR
Name	KOLLMORGEN, LEE REAR ADMIRAL
Address	PO BOX 646
City-State-Zip:	NELLYSFORD VA 22958-0646

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

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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: DENNIS FRANSEN SECRETARY 04/29/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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