

2015 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:

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

Title VP, TREASURER, SECRETARY,
 DIRECTOR
Name FRANSEN, DENNIS
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
Name EDMONDS, LTG ALBERT
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 KOLLMORGEN, REAR ADMIRAL LEE
Address 22605 GATEWAY CENTER DRIVE
City-State-Zip: CLARKSBURG MD 20871

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

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

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

04/11/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date