

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000001328

**Entity Name:** TERRAN ORBITAL CORPORATION

**Current Principal Place of Business:**

6800 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487

**Current Mailing Address:**

6800 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487 US

**FEI Number:** NOT APPLICABLE

**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 CHAIRMAN, CEO, PRESIDENT  
Name BELL, MARC  
Address 6800 BROKEN SOUND PKWY STE 200  
City-State-Zip: BOCA RATON FL 33434

Title CHAIRMAN, DIRECTOR  
Name STATON, DANIEL C  
Address 6800 BROKEN SOUND PARKWAY NW  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name RAABERG, DOUG  
Address 6800 BROKEN SOUND PARKWAY NW  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title CFO  
Name HOBART, GARY  
Address 6800 BROKEN SOUND PARKWAY NW  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title GENERAL COUNSEL, SECRETARY  
Name BLACK, JAMES  
Address 6800 BROKEN SOUND PARKWAY NW  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name LACHANCE, JAMES  
Address 6800 BROKEN SOUND PARKWAY NW  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title CONTROLLER, TREASURER  
Name RIFFEL, MATHIEU  
Address 6800 BROKEN SOUND PARKWAY NW  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name NEWTON III, RICHARD Y  
Address 6800 BROKEN SOUND PARKWAY NW  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487

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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:** JAMES BLACK

**SECRETARY**

**01/27/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title INDEPENDENT DIRECTOR  
Name SCLAVOS, STRATTON  
Address 6800 BROKEN SOUND PARKWAY NW  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name PETROCELLI, TOBI  
Address 6800 BROKEN SOUND PARKWAY NW  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name MANION, TOM  
Address 6800 BROKEN SOUND PARKWAY NW  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487