
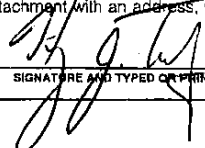


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90148 013 ***150.00

DOCUMENT # F01000001795					
1. Entity Name BATH IRON WORKS CORPORATION					
Principal Place of Business 700 WASHINGTON STREET BATH ME 04530			Mailing Address 700 WASHINGTON STREET BATH ME 04530		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 39-1343528 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<p>FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$650.00 Make Check Payable to Florida Department of State</p>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHIPWAY, JOHN F		NAME		
STREET ADDRESS	700 WASHINGTON STREET		STREET ADDRESS		
CITY-ST-ZIP	BATH ME 04530		CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, THOMAS A		NAME		
STREET ADDRESS	700 WASHINGTON STREET		STREET ADDRESS		
CITY-ST-ZIP	BATH ME 04530		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEIGER, JEFFREY S		NAME		
STREET ADDRESS	700 WASHINGTON STREET		STREET ADDRESS		
CITY-ST-ZIP	BATH ME 04530		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TESKEY, HENRY J		NAME		
STREET ADDRESS	75 EASTERN POINT ROAD		STREET ADDRESS		
CITY-ST-ZIP	GROTON CT 06340		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMMES, MICHAEL C		NAME		
STREET ADDRESS	700 WASHINGTON STREET		STREET ADDRESS		
CITY-ST-ZIP	BATH ME 04530		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOWLER, R. THOMAS		NAME	Asst. Secretary	
STREET ADDRESS	700 WASHINGTON STREET		STREET ADDRESS	Margaret N. House	
CITY-ST-ZIP	BATH ME 04530		CITY-ST-ZIP	2941 Fairview Park Drive	
				Falls Church, VA 22042-4513	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4-8-06 Daytime Phone #: 860-433-1537		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					