## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49615

FILED Jan 04, 2012 Secretary of State

Entity Name: BAE SYSTEMS SOUTHEAST SHIPYARDS AMHO INC.

Current Principal Place of Business: New Principal Place of Business:

8500 HECKSCHER DR JACKSONVILLE, FL 32226

Current Mailing Address: New Mailing Address:

8500 HECKSCHER DR

JACKSONVILLE, FL 32226

ATTN: SYLVIA LACY-CROW
HERNDON, VA 20171

FEI Number: 59-2869662 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New 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

## **OFFICERS AND DIRECTORS:**

Title:

Name: GRAHAM, IAN T Address: 1101 WILSON BLVD. City-St-Zip: ARLINGTON, VA 22209

Title:

Name: JACOBS, BRADLEY W Address: 1101 WILSON BLVD. City-St-Zip: ARLINGTON, VA 22209

Title: VPAS

Name: COBB, PAUL W JR.
Address: 1101 WILSON BLVD.
City-St-Zip: ARLINGTON, VA 22209

Title:

 Name:
 HERR, DAVID A

 Address:
 1801 RESEARCH BLVD.

 City-St-Zip:
 ROCKVILLE, MD 20850

Title: VS

Name: COLEMAN, DOUGLAS
Address: 1801 RESEARCH BLVD.
City-St-Zip: ROCKVILLE, MD 20850

Title: VT

Name: MARINUCCI, JOHN
Address: 1801 RESEARCH BLVD.
City-St-Zip: ROCKVILLE, MD 20850

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: PAUL W. COBB, JR. VPAS 01/04/2012