

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49615

Entity Name: BAE SYSTEMS SOUTHEAST SHIPYARDS AMHC INC.**Current Principal Place of Business:**8500 HECKSCHER DR
JACKSONVILLE, FL 32226**Current Mailing Address:**13850 MCLEAREN ROAD
ATTN: SANDY YATES
HERNDON, VA 20171 US**FEI Number:** 59-2869662**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
Name	GRAHAM, IAN T
Address	1101 WILSON BLVD.
City-State-Zip:	ARLINGTON VA 22209

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

Title	VPAS
Name	ALLEN, JENNIFER H
Address	1101 WILSON BLVD.
City-State-Zip:	ARLINGTON VA 22209

Title	P
Name	MOSELEY, ERIN R
Address	80 M ST. SE
City-State-Zip:	WASHINGTON DC 20003

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

Title	VT
Name	CRISTOFARI, PATRICK L
Address	1801 RESEARCH BLVD.
City-State-Zip:	ROCKVILLE MD 20850

Title	ASST. TREASURER
Name	SHAW, TERRY L
Address	11487 SUNSET HILLS RD
City-State-Zip:	RESTON VA 20190

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: JENNIFER H ALLEN

VPAS

02/26/2013

Electronic Signature of Signing Officer/Director Detail_____
Date