

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J49615

**Entity Name:** BAE SYSTEMS SOUTHEAST SHIPYARDS AMHC INC.**Current Principal Place of Business:**8500 HECKSCHER DRIVE  
JACKSONVILLE, FL 32226**Current Mailing Address:**8500 HECKSCHER DRIVE  
JACKSONVILLE, FL 32226 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 VP  
Name ARSENEAULT, THOMAS A.  
Address 1101 WILSON BLVD SUITE 2000  
City-State-Zip: ARLINGTON VA 22209

Title VP  
Name DEMURO, GERARD JOSEPH  
Address 1101 WILSON BLVD.  
SUITE 2000  
City-State-Zip: ARLINGTON VA 22209

Title VP  
Name ELDRIDGE, ALICE M.  
Address 2000 NORTH 15TH ST.  
City-State-Zip: ARLINGTON VA 22201

Title VP  
Name GRAY, CURT  
Address 1300 WILSON BLVD.  
STE. 700  
City-State-Zip: ARLINGTON VA 22209

Title VP  
Name BROWN, KATHERINE H.  
Address 8500 HECKSCHER DRIVE  
City-State-Zip: JACKSONVILLE FL 32226

Title SECRETARY  
Name ELDRIDGE, ALICE M.  
Address 2000 NORTH 15TH ST.  
City-State-Zip: ARLINGTON VA 22201

Title DIRECTOR  
Name GRAHAM, IAN THOMAS  
Address 1101 WILSON BLVD.  
SUITE 2000  
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR  
Name HOWAT, SCOTT D  
Address 1101 WILSON BLVD SUITE 2000  
City-State-Zip: ARLINGTON VA 22209

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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:** ALICE M. ELDRIDGE**SECRETARY****03/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	PRESIDENT
Name	MONTMINY, GUY
Address	8500 HECKSCHER DRIVE
City-State-Zip:	JACKSONVILLE FL 32226