

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 852053

**Entity Name:** ELECTRONIC WARFARE ASSOCIATES, INC.

**FILED**  
**Apr 20, 2020**  
**Secretary of State**  
**7603399465CC**

**Current Principal Place of Business:**

13873 PARK CENTER RD  
#500  
HERNDON, VA 20171

**Current Mailing Address:**

13873 PARK CENTER RD  
#500  
HERNDON, VA 20171 US

**FEI Number: 54-1082215**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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           CEOC  
Name           GUERRERI, CARL N  
Address        13873 PARK CENTER ROAD  
City-State-Zip: HERNDON VA 20171

Title           D  
Name           MILLER, MARSHALL L  
Address        1109 VILLAMAY BLVD.  
City-State-Zip: ALEXANDRIA VA 22307

Title           D  
Name           CHASE, ALLEN D  
Address        13873 PARK CENTER ROAD  
City-State-Zip: HERNDON VA 20171

Title           D  
Name           BATTISTA, ANTHONY  
Address        13873 PARK CENTER ROAD  
City-State-Zip: HERNDON VA 20171

Title           DIRECTOR/SR. V.P./SEC/TREAS  
Name           MCNALLY, BRIAN P.  
Address        13873 PARK CENTER RD  
                  #500  
City-State-Zip: HERNDON VA 20171

Title           ATTORNEY  
Name           LUXFORD, STEVE N.  
Address        39 W BLAKELEY DRIVE  
City-State-Zip: CHARLES TOWN WV 25414

Title           DIRECTOR  
Name           O'NEILL, MALCOM R. DR.  
Address        13873 PARK CENTER RD  
                  #500  
City-State-Zip: HERNDON VA 20171

Title           DIRECTOR  
Name           MONEY, ARTHUR L.  
Address        13873 PARK CENTER RD  
                  #500  
City-State-Zip: HERNDON VA 20171

**Continues on page 2**

*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: STEVE N. LUXFORD**

**ATTORNEY**

**04/20/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SCHNEIDER, WILLIAM DR.  
Address 13873 PARK CENTER RD  
#500  
City-State-Zip: HERNDON VA 20171

Title DIRECTOR  
Name SULICK, MICHAEL J.  
Address 13873 PARK CENTER RD  
#500  
City-State-Zip: HERNDON VA 20171