

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000810

Entity Name: SELEX GALILEO INC.**Current Principal Place of Business:**2345 CRYSTAL DRIVE
SUITE 901
ARLINGTON, VA 22202**Current Mailing Address:**5085 AVALON RIDGE PKY
SUITE 200
PEACHTREE CORNERS, GA 30071 US**FEI Number:** 41-2163692**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CHAIRMAN
Name DEL BOCA, ROBERT
Address 2345 CRYSTAL DRIVE
SUITE 901
City-State-Zip: ARLINGTON VA 22202

Title DIR
Name WEIR, ADRIAN
Address 2345 CRYSTAL DRIVE
SUITE 901
City-State-Zip: ARLINGTON VA 22202

Title DIRECTOR
Name GENERAL CHARLES HOLLAND
Address 2345 CRYSTAL DRIVE
SUITE 901
City-State-Zip: ARLINGTON VA 22202

Title DIRECTOR
Name DAILEY, DELL
Address 2345 CRYSTAL DRIVE
SUITE 901
City-State-Zip: ARLINGTON VA 22202

Title CFO
Name UPADHYAYA, VIVEK
Address 2345 CRYSTAL DRIVE
SUITE 901
City-State-Zip: ARLINGTON VA 22202

Title DIR
Name BONE, NORMAN
Address 2345 CRYSTAL DRIVE
SUITE 901
City-State-Zip: ARLINGTON VA 22202

Title DIRECTOR
Name SCHNEIDER, WILLIAM DR.
Address 2345 CRYSTAL DRIVE
SUITE 901
City-State-Zip: ARLINGTON VA 22202

Title OFFICER
Name TIMMERMAN, CLIO
Address 2345 CRYSTAL DRIVE
SUITE 901
City-State-Zip: ARLINGTON VA 22202

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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: ALBERT DEGLER**CONTROLLER**

01/19/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name KEEGAN, MATTHEW
Address 2345 CRYSTAL DRIVE
 SUITE 901
City-State-Zip: ARLINGTON VA 22202

Title DIRECTOR
Name KENDALL, FRANK
Address 2345 CRYSTAL DRIVE
 SUITE 901
City-State-Zip: ARLINGTON VA 22202