

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007907

Entity Name: DERCO AEROSPACE, INC.**Current Principal Place of Business:**8000 WEST TOWER AVENUE
MILWAUKEE, WI 53223**Current Mailing Address:**PO BOX 61511
BLDG 100, RM U4632
KING OF PRUSSIA, PA 19406 US**FEI Number:** 39-1344641**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 SECRETARY
Name BROGAN, CHRISTOPHER J.
Address 6900 MAIN ST
City-State-Zip: STRATFORD CT 06615

Title PRESIDENT
Name HOLT, BRIAN
Address 6900 MAIN ST
City-State-Zip: STRATFORD CT 06615

Title VP, CONTROLLER
Name MULI, RACHEL B
Address 6900 MAIN ST
City-State-Zip: STRATFORD CT 06615

Title DIRECTOR
Name BARILE, TONY
Address 6900 MAIN ST
City-State-Zip: STRATFORD CT 06615

Title DIRECTOR
Name LAFFERTY, LISA
Address 8000 WEST TOWER AVENUE
City-State-Zip: MILWAUKEE WI 53223

Title DIRECTOR
Name TRIOMPO, JOSEPH
Address 6900 MAIN ST
City-State-Zip: STRATFORD CT 06615

Title ASST. SECRETARY
Name ALLEN, KATHY L
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST. SECRETARY
Name BRADDEN, CHANEL M
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

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: DONALD P MARTIN**ASSISTANT SECRETARY** 04/26/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name CORDERO, MARITZA
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST. TREASURER
Name IDE, MARCUS B
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title VP, TREASURER
Name MOLLARD, JOHN W
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST. SECRETARY
Name TURENNE, KELLY
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST. SECRETARY
Name HEYWOOD, DAVID A
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST. SECRETARY
Name MARTIN, DONALD P
Address 230 MALL BLVD
City-State-Zip: KING OF PRUSSIA PA 19406

Title CFO
Name SKAAR, AMY
Address 6900 MAIN ST
City-State-Zip: STRATFORD CT 06615

Title ASST. TREASURER
Name WHITNEY, RENA H
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817