# DOCUMENT# F1000000084 Entity Name: AVIATION SYSTEMS ENGINEERING COMPANY, INCORPORATED

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

7255 GOLDEN WINGS RD UNIT 2 JACKSONVILLE, FL 32067

## **Current Mailing Address:**

21801 N SHANGRI-LA DRIVE #F LEXINGTON PARK, MD 20653

## FEI Number: 30-0241421

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

MARRINAN, MICHAEL 7255 GOLDEN WINGS RD UNIT 2 JACKSONVILLE, FL 32067 US Certificate of Status Desired: No

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

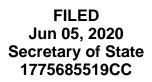
#### **Officer/Director Detail :**

Title	PRESIDENT, CHAIRMAN	Title	VP, DIRECTOR		
Name	BELLEZZA, VINCENT A	Name	BENNETT, DAVID R		
Address	8905 BRIDGETT LANE	Address	92 BULL PATH		
City-State-Zip:	LA PLATA MD 20646	City-State-Zip:	EAST HAMPTON NY 11937		
Title	VP, DIRECTOR, COO	Title	DIRECTOR, VP, COO		
Name	SPOHNHOLTZ, JAMES R	Name	MARRINAN, MICHAEL H		
Address	4133 ROBINSON ROAD	Address	600 SWEETWATER BRANCH LANE		
City-State-Zip:	HUNTINGTOWN MD 20639	City-State-Zip:	ST JOHNS FL 32259		
Title	DIRECTOR, CFO, VP				
Name	ROTE, KRISTI R				
Address	23220 GREENSTONE DR				
City-State-Zip:	LEONARDTOWN MD 20650				

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: KRISTI ROTE	CFO	06/05/2020

Electronic Signature of Signing Officer/Director Detail



Date

Date