

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000084

**FILED**  
**Mar 14, 2023**  
**Secretary of State**  
**2363638592CC**

**Entity Name:** AVIATION SYSTEMS ENGINEERING COMPANY, INCORPORATED

**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**

**Certificate of Status Desired: No**

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

MARRINAN, MICHAEL  
7255 GOLDEN WINGS RD UNIT 2  
JACKSONVILLE, FL 32067 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            PRESIDENT, CHAIRMAN  
Name            BELLEZZA, VINCENT A  
Address        8905 BRIDGETT LANE  
City-State-Zip: LA PLATA MD 20646

Title            VP, DIRECTOR  
Name            BENNETT, DAVID R  
Address        92 BULL PATH  
City-State-Zip: EAST HAMPTON NY 11937

Title            VP, DIRECTOR, COO  
Name            SPOHNHOLTZ, JAMES R  
Address        4133 ROBINSON ROAD  
City-State-Zip: HUNTINGTOWN MD 20639

Title            DIRECTOR, VP, COO  
Name            MARRINAN, MICHAEL H  
Address        4855 VOGEL ROAD  
City-State-Zip: ST AUGUSTINE FL 32092

Title            DIRECTOR, CFO, VP  
Name            ROTE, KRISTI R  
Address        23220 GREENSTONE DR  
City-State-Zip: LEONARDTOWN MD 20650

Title            DIRECTOR, VP  
Name            BARTHELME, BRYAN  
Address        43724 SWEETBAY ST  
City-State-Zip: CALIFORNIA MD 20619

*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**

**03/14/2023**

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

\_\_\_\_\_  
Date