

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000084

**FILED**  
**Apr 18, 2018**  
**Secretary of State**  
**CC8126549893**

**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 P  
Name BELLEZZA, VINCENT A  
Address 8905 BRIDGETT LANE  
City-State-Zip: LA PALATA MD 20646

Title VP  
Name BENNETT, DAVID R  
Address 11693 CLARA LANE  
City-State-Zip: LA PALATA MD 20646

Title S  
Name DESROCHERS, DOUGLAS F  
Address 5820 OAK LEATHER DR  
City-State-Zip: BURKE VA 22015

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

Title DIRECTOR  
Name MARRINAN, MICHAEL H  
Address 600 SWEETWATER BRANCH LANE  
City-State-Zip: ST JOHNS FL 32259

Title DIRECTOR  
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**

**DIRECTOR OF FINANCE**

**04/18/2018**

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

\_\_\_\_\_  
Date