

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000005184

**Entity Name:** THALES DEFENSE & SECURITY, INC.

**Current Principal Place of Business:**

22605 GATEWAY CENTER DRIVE  
CLARKSBURG, MD 20871

**Current Mailing Address:**

22605 GATEWAY CENTER DRIVE  
CLARKSBURG, MD 20871 US

**FEI Number: 52-0802860**

**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, TREASURER  
Name MILLER, BRIAN  
Address 22605 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title DIRECTOR  
Name MILLER, EDWARD  
Address 2435 PARKSTREAM AVENUE  
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR  
Name KOLLMORGEN, LEE  
Address 105 SADDLEBACK KNOLL  
City-State-Zip: NELLYSVILLE VA 22958

Title DIRECTOR  
Name HERBETS, MITCH  
Address 22605 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title DIRECTOR  
Name BISHOP, DOUG  
Address 22605 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title DIRECTOR, PRESIDENT  
Name SHEEHAN, MICHAEL  
Address 22605 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title DIRECTOR  
Name CAMPBELL, LT GENERAL WILLIAM H  
Address 11301 BRIGHT POND LANE  
City-State-Zip: RESTON VA 20194

Title DIRECTOR  
Name EDMONDS , LTG ALBERT  
Address 2760 EISENHOWER AVE  
SUITE 202  
City-State-Zip: ALEXANDRIA VA 22314

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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: BRIAN MILLER**

**SECRETARY**

**04/12/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           AMIRAL, REAR  
Address        PO BOX 646  
City-State-Zip: NELLYSFORD VA 22958

Title           DIRECTOR  
Name           EDMONDS, LTG ALBERT  
Address        SUITE 202 2760 EISENHOWER  
                  AVENUE  
City-State-Zip: ALEXANDRIA VA 22314