

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000005184

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC0763203248**

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

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

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

Title           DIRECTOR  
Name           CAMPBELL, WILLIAM H  
Address        11301 BRIGHT POND LANE  
City-State-Zip: RESTON VA 22958

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

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

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

**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:** BRIAN MILLER

**VICE PRESIDENT**

**01/17/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

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