2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 301574

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FILED Apr 28, 2009 Secretary of State

Entity Name: DRS C3 SYSTEMS, INC.				
Current Principal Place of Business:			New Principal Place of Business:	
645 ANCHO	ORS ST IN BEACH, FI	_ 32548		
Current Mailing Address:			New Mailing Address:	
5 SYLVAN WY PARSIPPANY, NJ 07054				
FEI Number:	59-1118491	FEI Number Applied For () FEI Number	mber Not Appli	cable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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
Election Carr	npaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	DANFORTH, R	SIN AVE. STE. 1000, 10TH FL.	Title: Name: Address: City-St-Zip:	P (X) Change () Addition DIETRICH, ALAN 400 PROFESSIONAL DR GAITHERSBURG, MD 20879
Title: Name: Address: City-St-Zip:	NEWMAN, MAI NORTHPOINT) Delete RK S PKWY, STE 104 EACH, FL 33407	Title: Name: Address: City-St-Zip:	D (X) Change () Addition NEWMAN, MARK S 1501 NORTHPOINT PKWY, STE 104 WEST PALM BEACH, FL 33407
Title: Name: Address: City-St-Zip:	SD (LASERSON DU 5 SYLVAN WY PARSEPPANY		Title: Name: Address: City-St-Zip:	SD (X) Change () Addition LASERSON DUNN, NINA 5 SYLVAN WAY PARSIPPANY, NJ 07054
Title: Name: Address: City-St-Zip:	VPT (RINSKY, JASO 5 SYLVAN WA PARSIPPANY,	Y	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	TD (SCHNEIDER, F 5 SYLVAN WY PARSIPPANY,		Title: Name: Address: City-St-Zip:	TDVP (X) Change () Addition SCHNEIDER, RICHARD A 5 SYLVAN WY PARSIPPANY, NJ 07054
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	ASCY () Change (X) Addition WILLBRANT, RICHARD 400 PROFESSIONAL DR, SUITE 400 GAITHERSBURG, MD 20879

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JASON RINSKY **VPT** 04/28/2009