

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90050 048 ***150.00

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1. Entity Name
DYNACORP



Principal Place of Business
**2100 E. GRAND AVENUE
EL SEGUNDO, CA 90245**

Mailing Address
**2100 E. GRAND AVENUE
EL SEGUNDO, CA 90245**



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number
36-2408747

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHEAFFER, JAMES W
STREET ADDRESS	2100 EAST GRAND AVENUE
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	VPF
NAME	KEANE, MICHAEL E
STREET ADDRESS	2100 EAST GRAND AVENUE
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	VPS
NAME	HAYWARD, D. FISK
STREET ADDRESS	2100 EAST GRAND AVE.
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	AT
NAME	FLYNN, TIMOTHY R
STREET ADDRESS	2100 EAST GRAND AVENUE
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	T
NAME	IRVINE, THOMAS R
STREET ADDRESS	2100 EAST GRAND AVE.
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy R. Flynn

04/25/07

Date

310.615.0311

Daytime Phone #