


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

05-26-2005 90026 007 \*\*\*550.00

<b>DOCUMENT # F00000002240</b> 1. Entity Name BAE SYSTEMS INTEGRATED DEFENSE SOLUTIONS INC.	
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Principal Place of Business ATTN: SOPHIA RAFATJAH 6500 TRACOR LANE AUSTIN, TX 78725	Mailing Address ATTN: SYLVIA LACY-CROW 13850 MCLEAREN ROAD HERNDON, VA 20171
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01202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-2617742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

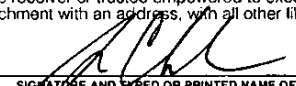
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HO, GALEN I 65 SPIT BROOK RD NASHUA, NH 03061
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SWANSON, ROBERT H 6500 TACOR LANE, M/S 1-1 AUSTIN, TX 78725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS FINKEL, SUSAN L 65 SPIT BROOK ROAD NASHUA, NH 03061
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JACOBS, BRADLEY W 65 SPIT BROOK RD NASHUA, NH 03061
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SHAW, TERRY L 1601 RESEARCH BLVD. ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VASD CHESTON, SHEILA C 1601 RESEARCH BLVD. ROCKVILLE, MD 20850

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **SHEILA C CHESTON** **31 JAN 2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #