2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0000003800

Entity Name: BAE SYSTEMS SAFETY PRODUCTS INC.

FILED Mar 07, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
UNIT#3	8TH STREET,) BEACH, FL 3	3069				
Current Mailing Address:				New Mailing Address:		
13386 INTERNATIONAL PARKWAY ATTN: LEGAL DEPARTMENT JACKSONVILLE, FL 32218			ITTA	13850 MCLEAREN ROAD ATTN: SYLVIA LACY-CROW HERNDON, VA 20171		
FEI Number:	FEI Number: 84-1233881 FEI Number Applied For ()		FEI Number N	Number Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1207 HAYES STREET TALLAHASSEE, FL 32301 US						
	named entity s of Florida.	ubmits this statement for the pu	rpose of char	iging its registered	office or registered agent, or both,	
SIGNATURE:						
Electronic Signature of Registered Agent Date						
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GRAHAM, IAN	Delete TIONAL PARKWAY , FL 32218	Title: Name Addre City-S	: CHESTON, S ss: 1601 RESEA	RCH BLVD	
Title: Name: Address: City-St-Zip:	EVCE () DELLINGER, DE 5000 INTERSTA SEALY, TX 774	TE 10 WEST	Title: Name Addre City-S	: HAVENSTEIN ss: 1601 RESEA		
Title: Name: Address: City-St-Zip:	RICHTER, JOHN 9113 LE SAINT I	DRIVE	Title: Name Addre City-S	COBB, PAUL	RCH BLVD	
Title: Name: Address: City-St-Zip:	V/AT () GOFORTH, H.D. 13386 INTERNA JACKSONVILLE	TIONAL PARKWAY	Title: Name Addre City-S	: HUDSON, LII ss: 1525 WILSC	N BLVD	
Title: Name: Address: City-St-Zip:	V () DUTTON, DON 9113 LE SAINT FAIRFIELD, OH		Title: Name Addre City-S	: MURPHY, Ross: 1601 RESEA	RCH BLVD	
Title: Name:	D () MECREDY, ROE	Delete BERT	Title: Name		(X) Change () Addition	

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.

Address:

City-St-Zip:

1525 WILSON BLVD

ARLINGTON, VA 22209

SIGNATURE: PAUL W COBB, JR AS 03/07/2008

1386 INTERNATIONAL PARKWAY

JACKSONVILLE, FL 32218

Address:

City-St-Zip: