# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Sep 10, 2008**
**Secretary of State**

DOCUMENT# F00000003800

**Entity Name:** BAE SYSTEMS SAFETY PRODUCTS INC.

**Current Principal Place of Business:**

1371 S.W. 8TH STREET,
UNIT # 3
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

9260 W COMMERCIAL BLVD
#176
SUNRISE, FL 33351

**Current Mailing Address:**

13850 MCLEAREN ROAD
ATTN: SYLVIA LACY-CROW
HERNDON, VA 20171

**New Mailing Address:**

9260 W COMMERCIAL BLVD
#176
SUNRISE, FL 33351

**FEI Number: 84-1233881** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DAS ( ) Delete
Name: CHESTON, SHEILA C
Address: 1601 RESEARCH BLVD
City-St-Zip: ROCKVILLE, MD 20850

Title: D ( ) Delete
Name: HAVENSTEIN, WALTER P
Address: 1601 RESEARCH BLVD
City-St-Zip: ROCKVILLE, MD 20850

Title: AS ( ) Delete
Name: COBB, PAUL W JR
Address: 1601 RESEARCH BLVD
City-St-Zip: ROCKVILLE, MD 20850

Title: P ( ) Delete
Name: HUDSON, LINDA
Address: 1525 WILSON BLVD
City-St-Zip: ARLINGTON, VA 22209

Title: VAT ( ) Delete
Name: MURPHY, ROBERT T
Address: 1601 RESEARCH BLVD
City-St-Zip: ROCKVILLE, MD 20850

Title: VS ( ) Delete
Name: BAKER, D M
Address: 1525 WILSON BLVD
City-St-Zip: ARLINGTON, VA 22209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHEILA CHESTON DAS 09/10/2008

Electronic Signature of Signing Officer or Director — Date