


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90040 033 ***150.00

DOCUMENT # F01000003147 1. Entity Name BAE SYSTEMS MISSION SOLUTIONS INC.	
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Principal Place of Business 10920 TECHNOLOGY DRIVE SAN DIEGO, CA 92127-1874	Mailing Address 13850 MCLEAREN ROAD HERNDON, VA 20171
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40017450



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 33-0536290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BANKER, MARSHALL DR. 10920 TECHNOLOGY DRIVE SAN DIEGO, CA 92127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD CHESTON, SHEILA C 1601 RESEARCH BLVD. ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PARRA, RAYMOND A 10920 TECHNOLOGY DRIVE SAN DIEGO, CA 92127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JARMAN, JOHN C 10920 TECHNOLOGY DRIVE SAN DIEGO, CA 92127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RONALD, MARK H 1601 RESEARCH BLVD. ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALLHAUS, WILLIAM L DR 10920 TECHNOLOGY DR SAN DIEGO, CA 92127

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: *[Signature]* SHEILA C CHESTON 31 JAN 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #