2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004730

Entity Name: DRS SURVEILLANCE SUPPORT SYSTEMS, INC.

FILED Mar 13, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Bu	New Principal Place of Business:	
6200 118T LARGO, F	H AVENUE L 33773				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
5 SYLVAN PARSIPPA	IWAY ANY, NJ 0705	64			
FEI Number:	: 59-3738936	FEI Number Applied For ()	FEI Number Not Applicable ()	ertificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address of Nev	w Registered Agent:	
1200 SOU PLANTATI	PORATION SY TH PINE ISLA ION, FL 3332	AND ROAD 4 US	ourpose of changing its registered offic	ee or registered agent, or both	
	e of Florida.	submits this statement for the p	ourpose of changing its registered offic	se of registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DT (SCHNEIDER, 5 SYLVAN WA PARSIPPANY	AY	Title: () Cl Name: Address: City-St-Zip:	nange()Addition	
Title: Name: Address: City-St-Zip:	DANFORTH, F 200 PROFES) Delete RICHARD SEIRONAL DR. RG, MD 20879	Title: () Ch Name: Address: City-St-Zip:	nange()Addition	
Title: Name: Address: City-St-Zip:	SCHORER, S 400 PROFES) Delete TEVEN T SIONAL DR. STE 400 RG, MD 20879	Title: () Cl Name: Address: City-St-Zip:	nange()Addition	
Title: Name: Address: City-St-Zip:	S (RUSSO, ROB 5 SYLVAN WA PARSIPPANY	AY	Title: () Ch Name: Address: City-St-Zip:	nange()Addition	
Title: Name: Address:	() Delete	Title: VPT () CI Name: RINSKY, JASON Address: 5 SYLVAN WAY	nange (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: JASON RINSKY VPT 03/13/2007