2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004730

Entity Name: DRS SURVEILLANCE SUPPORT SYSTEMS, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
6200 118TH LARGO, FL					
Current Mailing Address:			New Mailir	New Mailing Address:	
5 SYLVAN PARSIPPA	WAY NY, NJ 07054	1			
FEI Number:	59-3738936	FEI Number Applied For ()	El Number Not Appli	icable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
1201 HAYS		DE COMPANY 012525 US			
The above in the State		submits this statement for the purp	ose of changing it	s registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Agent		Date	
Election Carr	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DT () SCHNEIDER, F 5 SYLVAN WAY PARSIPPANY,	<i>(</i>	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DANFORTH, RI	SIN AVENUE, STE. 1000, 10TH FL.	Title: Name: Address: City-St-Zip:	P (X) Change () Addition DIETRICH, ALAN 400 PROFESSIONAL DRIVE GAITHERSBURG, MD 20879	
Title: Name: Address: City-St-Zip:	SCHORER, ST	SIN AVENUE, STE. 1000, 10TH FL.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MEHMEL, ROBERT F 5 SYLVAN WAY PARSIPPANY, NJ 07054	
Title: Name: Address: City-St-Zip:	S () RUSSO, ROBE 5 SYLVAN WAY PARSIPPANY,	RT ′	Title: Name: Address: City-St-Zip:	S (X) Change () Addition LASERSON DUNN, NINA 5 SYLVAN WAY PARSIPPANY, NJ 07054	
Title: Name: Address: City-St-Zip:	VPT () RINSKY, JASO 5 SYLVAN WA' PARSIPPANY,	(Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPGM () MARION, PATE 246 AIRPORT I JOHNSTOWN,	ROAD	Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: JASON RINSKY VPT 04/28/2009