PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORAT REINSTATEM	(17 Probability Lat. 17 PRO)	Secr	PARTMENT OF STATE etary of State of Corporations	TE .	O9 NOV 20 SECRETARY C	AM 10: 50	
DOCUMENT # F02000001171 1. Corporation Name					TALLAHASSEE, FLORIDA		
Argon ST,	Inc.						
2. Principal Office Address - No P.O. Box # 12701 Fair Lakes Circle		3. Mailing Office Address 12701 Fair Lakes Circle		11/23	000163048180 11/23/0901002016 **908.75 crzeo81 (12/08)		
Suite, Apt. #, etc.		Sulle, Apt. #, oto.	Suile, Apt. #, ato.		oraled or Qualified	sh 6, 2002	
City & State Fairfax, VA		City & State Fairfax, VA		5. FEI Numbe	5. FEI Number Applied For 38-1873250 Not Applicable		
^{Zlp} 22033	Country	^{Zlp} 22033	USA	6. CERTIFICATE	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Feb required for a Contificate of Status		
	7. Name and Address	of Current Registered	Agent				
Name CT Corporation System					☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road				the pri	the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
Suite, Apt. #, Etc.				receive			
City Plantation			State State 33324		Walted.		
8. I, being appointed ti	he registered agent of the at	ove named corporation	Iffi B. Argao accept	the obligations of sectk	on 607,0505 or 617,0503, F	i.S.,	
Signature of Registered Agent	Acign	Asst. Secre	etary & V. Presid	lent	Date	12/09	
9. Names and Street	Addresses of Each Officer a	nd/or Director (Florida r	conprofit corporations must lis	nt at least 3 directors)			
Titles	Name of Officers and/or Directors		Street Address o Officer and/or D	l Each Irector	City / S	state / Zip	
See atta	ached list						
			611				
REII	NSTATE	MENT	THE				
this reinstatement a gwed by the corpor	application, the reason for dis ation have been paid and the	solution has been elimi a names of individuals it	ered to execute this applicationated, the corporate name as isted on this form do not quall a same logal effect as if made	itialies the requirements ily for an exemption con	of section 607.0401 or 617	.0101, F.S., that all fees	
SIGNATURE:	BIGNATURE AND TYPED OR P	RINTED NAME OF BIGNI	NG OFFICER OR DIRECTOR		1 b D9 72	03 -322 -098) Daylime Phone #	

Argon ST, Inc. Corporate ID: F02000001171

Directors and Principal Officers

Chairman, CEO & Director

Name:

Terry L. Collins

Title:

COB/CEO

Address:

12701 Fair Lakes Circle

City/St/ZIP: Fairfax, VA 22033

President & COO

Name:

Kerry M. Rowe

Title:

President, COO

Address:

12701 Fair Lakes Circle

City/St/ZIP: Fairfax, VA 22033

Vice President, Treasurer & CFO

Name:

Aaron N. Daniels

Title:

Vice President, Treasurer & Chief Financial Officer

Address:

12701 Fair Lakes Circle

City/St/ZIP: Fairfax, VA 22033

Vice President, Secretary

Name:

Sharon M. Owlett

Title:

Vice President, General Counsel, Secretary

Address:

12701 Fair Lakes Circle

City/St/ZIP: Fairfax, VA 22033

Director

Name:

Victor F. Sellier

Title:

Director

Address:

12701 Fair Lakes Circle

City/St/ZIP: Fairfax, VA 22033



Director

Name:

Thomas E. Murdock

Title:

Vice President

Address:

12701 Fair Lakes Circle

City/St/ZIP:

Fairfax, VA 22033

Director

Name:

Lloyd A. Semple

Title:

Director

Address:

12701 Fair Lakes Circle

City/St/ZIP:

Fairfax, VA 22033

Director

Name:

S. Kent Rockwell

Title:

Director

Address:

12701 Fair Lakes Circle

City/St/ZIP:

Fairfax, VA 22033

Director

Name:

John Irvin

Title:

Director

Address:

12701 Fair Lakes Circle

City/St/ZIP:

Fairfax, VA 22033

Director

Name:

David Karlgaard

Title:

Director

Address:

12701 Fair Lakes Circle

City/St/ZIP:

Fairfax, VA 22033



Director

Name:

Peter Marino

Title:

Director

Address:

12701 Fair Lakes Circle

City/St/ZIP: Fairfax, VA 22033

Director

Name:

Robert McCashin

Title:

Director

Address:

12701 Fair Lakes Circle

City/St/ZIP: Fairfax, VA 22033

Director

Name:

Maureen Baginski

Title:

Director

Address:

12701 Fair Lakes Circle

City/St/ZIP:

Fairfax, VA 22033

Director

Name:

Delores M. Etter

Title:

Director

Address:

12701 Fair Lakes Circle

City/St/ZIP: Fairfax, VA 22033

