2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001582

Entity Name: DRS INTELLIGENCE & AVIONIC SOLUTIONS, INC.

FILED Apr 09, 2008 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
4391 DAYTON-XENIA ROAD DAYTON, OH 45432						
Current Mailing Address:			New Maili	New Mailing Address:		
5 SYLVAN WAY PARSIPPANY, NJ 07054						
FEI Number: 31-1176055 FEI Number Applied For ()			FEI Number Not Appl	Olicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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			nt	Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DIETRICH, ALAN	R BELL DR, SUITE 410	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SD () EDUNN, NINA L 5 SYLVAN WAY PARSIPPANY, N	Delete J 07054	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T () E SCHNEIDER, RIG 5 SYLVAN WAY PARSIPPANY, N		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	NEWMAN, MARK	NT PKWY., STE. 104	Title: Name: Address: City-St-Zip:	D (X) Change () Addition NEWMAN, MARK S 1501 NORTHPOINT PKWY., STE. 104 WEST PALM BEACH, FL 33407		
Title: Name: Address: City-St-Zip:	VPGM () E BUTLER, GERAL 4391 DAYTON-XI DAYTON, OH 45	ENIA ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VPT () E RINSKY, JASON 5 SYLVAN WAY PARSIPPANY, N	Delete J 07054	Title: Name: Address: City-St-Zip:	() Change () Addition		
Statutes. I	further certify th	at the information indicated on	this report or suppl	or the exemption stated in Chapter 119, Florida lemental report is true and accurate and that my hat 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

04/09/2008

Electronic Signature of Signing Officer or Director

Date