

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007702

FILED
Mar 13, 2007
Secretary of State

Entity Name: DRS HOMELAND SECURITY SOLUTIONS, INC.

Current Principal Place of Business:

3520 US HIGHWAY 1
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

3520 US HIGHWAY 1
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 20-8075224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: NEWMAN, MARK S
Address: % 5 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: D () Delete
Name: MEHMEL, ROBERT F
Address: % 5 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: P () Delete
Name: SCHORER, STEVEN T
Address: 7600 WISCONSIN AVE
City-St-Zip: BETHESDA, MD 20814

Title: VP () Delete
Name: PARTYNSKI, ANDREW
Address: 3520 US HIGHWAY NO. 1
City-St-Zip: PALM BAY, FL 32905

Title: S () Delete
Name: DUNN, NINA LASERSON
Address: % 5 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: T () Delete
Name: SCHNEIDER, RICHARD A
Address: 5 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: NEWMAN, MARK S
Address: 1501 NORTHPOINT PARKWAY, SUITE 104
City-St-Zip: WEST PALM BEACH,, FL 33407

Title: VPT (X) Change () Addition
Name: RINSKY, JASON
Address: 5 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

Date