2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007702

Entity Name: DRS HOMELAND SECURITY SOLUTIONS, INC.

FILED Apr 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3520 US HIGHWAY 1 PALM BAY, FL 32905 **Current Mailing Address: New Mailing Address:** 3520 US HIGHWAY 1 PALM BAY, FL 32905 FEI Number: 20-8075224 FEI Number Applied For () FEI Number Not Applicable () 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition NEWMAN, MARK S Name: Name: 1501 NORTHPOINT PARKWAY, SUITE 104 Address: Address: City-St-Zip: WEST PALM BEACH,, FL 33407 City-St-Zip: VPT Title: Title: () Delete () Change () Addition RINSKY, JASON Name: Name: Address: 5 SYLVAN WAY Address: PARSIPPANY, NJ 07054 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition SCHORER, STEVEN T Name: Name: 7600 WISCONSIN AVE Address: Address: City-St-Zip: BETHESDA, MD 20814 City-St-Zip: Title: () Delete Title: () Change () Addition PARTYNSKI, ANDREW Name: Name: Address: 3520 US HIGHWAY NO. 1 Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: Title: Title: () Delete (X) 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.

Name:

Title:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

DUNN, NINA LASERSON

PARSIPPANY, NJ 07054

() Change () Addition

5 SYLVAN WAY

SIGNATURE: JASON RINSKY VPT 04/09/2008

DUNN, NINA LASERSON

PARSIPPANY, NJ 07054

SCHNEIDER, RICHARD A

PARSIPPANY, NJ 07054

() Delete

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5 SYLVAN WAY

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip: