## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000000087

Entity Name: DRS SUSTAINMENT SYSTEMS, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
201 EVANS ST LOUIS,					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
5 SYLVAN WAY PARSIPPANY, NJ 07054					
FEI Number:	43-1275001	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US			1201 HAYS STREET	CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US	
The above in the State		submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: JILL E. CILMI				04/28/2009	
	Electror	ic Signature of Registered Ager	nt	Date	
Election Cam	paign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	NEWMAN, MAR 1501 NORTHPO	Delete RK S DINT PARKWAY, SUITE 104 EACH, FL 33407	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) MEHMEL, ROB 5 SYLVAN WAY PARSIPPANY,	(	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	P ( ) CORNWELL, T 201 EVANS LN ST LOUIS, MO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPT () RINSKY, JASO 5 SYLVAN WAY PARSIPPANY,	(	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ( ) LASERSON DU 5 SYLVAN WAY PARSIPPANY,	(	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	T ( ) SCHNEIDER, F 5 SYLVAN WAY PARSIPPANY,	(	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