

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000262

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** BAE SYSTEMS INFORMATION SOLUTIONS INC.

**Current Principal Place of Business:**

8201 GREENSBORO DR., STE. 1200  
MCLEAN, VA 22102

**New Principal Place of Business:**

**Current Mailing Address:**

13850 MCLEAREN RD.  
HERNDON, VA 20171

**New Mailing Address:**

**FEI Number:** 54-1168311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: JACOBS, BRADLEY W  
Address: 1101 WILSON BLVD  
City-St-Zip: ARLINGTON, VA 22209

Title: D  
Name: GRAHAM, IAN T  
Address: 1101 WILSON BLVD  
City-St-Zip: ARLINGTON, VA 22209

Title: P  
Name: GANNON, JOHN  
Address: 4075 WILSON BLVD  
City-St-Zip: ARLINGTON, VA 22203

Title: VPS  
Name: CREWS, ALFRED  
Address: 4075 WILSON BLVD  
City-St-Zip: ARLINGTON, VA 22203

Title: VPAS  
Name: COBB, PAUL W JR.  
Address: 1101 WILSON BLVD  
City-St-Zip: ARLINGTON, VA 22209

Title: VPT  
Name: BLUE, JAMES M  
Address: 4075 WILSON BLVD  
City-St-Zip: ARLINGTON, VA 22203

I hereby 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 all other like empowered.

SIGNATURE: PAUL W. COBB, JR.

VPAS

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date