Pg 3 of 3

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

**CORPORATION REINSTATEMENT**
**DRS C3 & AVIATION COMPANY**

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | $908.75 |

Electronic Filing Menu Corporate Filing Menu Help

Rider

DRS C3 & Aviation Company

**Directors**

| | |
|---|---|
| Mark S. Newman | c/o DRS Technologies, Inc.<br>5 Sylvan Way<br>Parsippany, New Jersey 07054 |
| Mark A. Dorfman | c/o DRS Technologies, Inc.<br>5 Sylvan Way<br>Parsippany, New Jersey 07054 |

**Officers**

| | |
|---|---|
| Alan Dietrich, President | 400 Professional Drive, Suite 400<br>Gaithersburg, Maryland 20879 |
| Robert Russo, Vice President-Operations | c/o DRS Technologies, Inc.<br>5 Sylvan Way<br>Parsippany, New Jersey 07054 |
| Jason Rinsky, Vice President-Taxation | c/o DRS Technologies, Inc.<br>5 Sylvan Way<br>Parsippany, New Jersey 07054 |
| Andrea Mandel, Vice President-Human Resources | c/o DRS Technologies, Inc.<br>5 Sylvan Way<br>Parsippany, New Jersey 07054 |
| Mark A. Dorfman, Secretary | c/o DRS Technologies, Inc.<br>5 Sylvan Way<br>Parsippany, New Jersey 07054 |
| Richard A. Schneider, Treasurer | c/o DRS Technologies, Inc.<br>5 Sylvan Way<br>Parsippany, New Jersey 07054 |

Pg 1 of 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11 MAY 12 PM 3:37

DOCUMENT # F09000002141

1. Corporation Name
DRS C3 & AVIATION COMPANY

REINSTATEMENT 10-11

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 400 Professional Drive | | DRS Technologies, Inc. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| Suite 400 | | 3rd Fl., Attn: David Camiolo | |
| City & State | | City & State | |
| Gaithersburg, Maryland | | Parsippany, New Jersey | |
| Zip | Country | Zip | Country |
| 20879 | USA | 07054 | USA |

4. Date Incorporated or Qualified To Do Business in Florida: Qualified: 05/27/2009

5. FEI Number: 264736646 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc:

City: Tallahassee | State: FL | Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Matthew Young Asst. V. Pres. Date: May 6, 2011

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| | SEE RIDER ATTACHED | SEE RIDER ATTACHED | SEE RIDER ATTACHED |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: camiolo@drs.comcamiolo@drs.com; cestra@drs.com; dubois@drs.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Jason Rinsky-VP, Taxation May 6, 2011 973-898-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DC 5/12