

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002898

FILED
Feb 19, 2010
Secretary of State

Entity Name: JABIL DEFENSE AND AEROSPACE SERVICES, LLC

Current Principal Place of Business:

10560 DR. M.L. KING, JR. STREET NORTH
ST. PETERSBURG, FL 33716

New Principal Place of Business:

10560 DR. MLK, JR. STREET NORTH
ST. PETERSBURG, FL 33716 US

Current Mailing Address:

10560 DR. M.L. KING, JR. STREET NORTH
ST. PETERSBURG, FL 33716

New Mailing Address:

10560 DR. MLK, JR. STREET NORTH
ST. PETERSBURG, FL 33716 US

FEI Number: 20-1388225

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

MANAGING MEMBERS/MANAGERS:

Title: P
Name: REDMOND, PATRICK
Address: 10560 DR. MLK, JR. STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: T
Name: REDMOND, PATRICK
Address: 10560 DR. MLK, JR. STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: MGRM
Name: DU, MIKE
Address: 10560 DR. MLK, JR. STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: S
Name: LE, FAWN
Address: 10560 DR. MLK, JR. STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: MGR
Name: LE, FAWN
Address: 10560 DR. MLK, JR. STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33716 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PATRICK REDMOND

MGR

02/19/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date