2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002099

Entity Name: NIGHT VISION SYSTEMS, LLC

FILED Feb 07, 2008 Secretary of State

| Current Principal Place of Business: | | | New P | New Principal Place of Business: | | |
|---|--|---------------------------------|--|-----------------------------------|---|--|
| | IMERER LANE WN, PA 1810 | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | | |
| | IMERER LANE WN, PA 1810 | | | | | |
| FEI Number: 11-3684395 FEI Number Applied For () | | FEI Number Not | Applicable () | Certificate of Status Desired () | | |
| Name and | d Address of C | Current Registered Agent: | Name a | and Address o | of New Registered Agent: | |
| 1200 SOU PLANTAT The above | PORATION SY ITH PINE ISLA ION, FL 33324 e named entity e of Florida. | ND ROAD I US | ourpose of changi | ng its registere | d office or registered agent, or both | |
| SIGNATUI | RE: | | | | | |
| | Electror | nic Signature of Registered Age | ent | | Date | |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | | | |
| Title: Name: Address: City-St-Zip: | MGRM (DRS TECHNOL 5 SYLVAN WA' PARSIPPANY, | <i>(</i> | Title: Name: Address: City-St-Z | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | () |) Delete | Title: Name: Address: City-St-Z | P.O. BOX 7 | | |
| Title: Name: Address: City-St-Zip: | () |) Delete | Title: Name: Address: City-St-Z | 542 KEMME | () Change (X) Addition HRISTOPHER VP/GM ERER LANE IN, PA 18104 | |
| Title: Name: Address: City-St-Zip: | () |) Delete | Title: Name: Address: City-St-Z | 5 SYLVAN V | ()Change(X)Addition SON VP/TAX WAY IY, NJ 07054 | |
| Title: Name: Address: City-St-Zip: | () |) Delete | Title: Name: Address: City-St-Z | 5 SYLVAN V | () Change (X) Addition LASERSON SECY. WAY IY, NJ 07054 | |
| Title: Name: Address: City-St-Zip: | () |) Delete | Title: Name: Address: City-St-Z | 5 SYLVAN V | ()Change(X)Addition R, RICHARD A TRES. WAY IY, NJ 07054 | |

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 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: JASON RINSKY, VP, TAXATION VP 02/07/2008