

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002099

FILED
Apr 28, 2011
Secretary of State

Entity Name: NIGHT VISION SYSTEMS, LLC

Current Principal Place of Business:

100 BABCOCK ST.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

5 SYLVAN WAY
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 11-3684395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: MGRM
Name: DRS TECHNOLOGIES, INC.
Address: 5 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: PRES
Name: MURPHY, TERENCE
Address: P.O. BOX 740188
City-St-Zip: DALLAS, TX 75374

Title: VPOP
Name: RUSSO, ROBERT
Address: 5 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: VPT
Name: RINSKY, JASON VP/TAX
Address: 5 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: SECY
Name: DORFMAN, MARK A
Address: 5 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: TRES
Name: SCHNEIDER, RICHARD A
Address: 5 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

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: JASON RINSKY

VPT

04/28/2011

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