


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90012 019 \*\*\*150.00

<b>DOCUMENT # P08553</b> 1. Entity Name <b>BAE SYSTEMS TECHNICAL SERVICES INC.</b>					
Principal Place of Business <b>557 MARY ESTHER CUTOFF FORT WALTON BEACH, FL 32548</b>			Mailing Address <b>13850 MCLEAREN ROAD HERNDON, VA 20171</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>59-2609328</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ELDRIDGE, G.S.</b> <b>557 MARY ESTHER CUT-OFF</b> <b>FORT WALTON BEACH, FL 32548</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STV</b> <b>GILLIS, JAMES P.</b> <b>557 MARY ESTHER CUT-OFF</b> <b>FT WALTON BCH, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VASD</b> <b>CURRIER, JOHN A.</b> <b>1601 RESEARCH BLVD</b> <b>ROCKVILLE, MD 20850</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VASD</b> <b>SHEILA C CHESTON</b> <b>1601 RESEARCH BLVD</b> <b>ROCKVILLE MD 20850</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RONALD, MARK H</b> <b>1601 RESEARCH BLVD</b> <b>ROCKVILLE, MD 20850</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BAKER, D M</b> <b>1601 RESAERCH BLVD</b> <b>ROCKVILLE, MD 20850</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HAMILTON, K B</b> <b>1601 RESEARCH BLVD</b> <b>ROCKVILLE, MD 20850</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ROBERT T. MURPHY</b> <b>1601 RESEARCH BLVD</b> <b>ROCKVILLE MD 20850</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b> _____ <b>SHEILA C CHESTON</b> <b>2/18/04</b> <b>703-736-4757</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

54012429



02162004 Chg-P CR2E034 (10/03)

Attachment

54012429

Attachment for P08553

Additional Officers

Gary Slack, Assistant Treasurer  
1601 Research Blvd  
Rockville, MD 20850

Terry L Shaw, Assistant Treasurer  
1601 Research Blvd  
Rockville, MD 20850

M.M. Mottern, Vice President  
557 Mary Esther Cutoff  
Fort Walton Beach, FL 32548

R.E. Cannon, Vice President  
557 Mary Esther Cutoff  
Fort Walton Beach, FL 32548

R.F. Ogilvie, Vice President  
557 Mary Esther Cutoff  
Fort Walton Beach, FL 32548