

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90051 026 ***150.00

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01202005 Chg-P CR2E034 (10/03)

DOCUMENT # P22699					
1. Entity Name BAE SYSTEMS ADR INC.					
Principal Place of Business 9285 COMMERCE HIGHWAY PENNSAUKEN, NJ 08110			Mailing Address 13850 MCLEAREN ROAD ATTN: SYLVIA LACY-CROW HERNDON, VA 20171		
2. Principal Place of Business 124 GAITHER DR.			3. Mailing Address		
Suite, Apt. #, etc. SUITE 100			Suite, Apt. #, etc.		
City & State MT LAUREL NJ			City & State		
Zip 08054		Country		Country	
4. FEI Number 22-1906664			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JARMAN, JOHN C 10920 TECHNOLOGY DRIVE SAN DIEGO, CA 92127	<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	P GENET, RICHARD P 9285 COMMERCE HIGHWAY PENNSAUKEN, NJ	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAM BALLHAUS 10920 TECHNOLOGY PLACE SAN DIEGO CA 92127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAJD CHESTON, SHEILA C 1601 RESEARCH BLVD ROCKVILLE, MD 20850	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PARRA, RAYMOND A 10920 TECHNOLOGY DRIVE SAN DIEGO, CA 92127	<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	AT SHAW, TERRY L 1601 RESEARCH BLVD ROCKVILLE, MD 20850	<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	D RONALD, MARK H 1601 RESEARCH BLVD ROCKVILLE, MD 20850	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
SIGNATURE: _____		SHEILA C CHESTON		30 JAN 2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	