

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008088

FILED
Apr 09, 2008
Secretary of State

Entity Name: DRS TACTICAL SYSTEMS, INC.

Current Principal Place of Business:

1110 WEST HICISCUS BLVD.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

5 SYLVAN WAY
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 58-2487888 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHEEHAN, MICHAEL
Address: 7600 WISCONSIN AVENUE, SUITE 1000
City-St-Zip: BETHESDA, MD 20814

Title: T () Delete
Name: SCHNEIDER, RICHARD A
Address: 5 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: S/D () Delete
Name: DUNN, NINA L
Address: 5 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: D () Delete
Name: NEWMAN, MARK S
Address: 1501 NORTHPOINT PKW, STE 104
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VPT () Delete
Name: RINSKY, JASON
Address: 5 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/D (X) Change () Addition
Name: LASERSON DUNN, NINA
Address: 5 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPGM () Change (X) Addition
Name: SARRICA, MICHAEL
Address: 1110 WEST HIBISCUS BLVD.
City-St-Zip: MELBOURNE, FL 32901

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON RINSKY

VPT

04/09/2008

Electronic Signature of Signing Officer or Director

_____ Date