

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008088

FILED  
Apr 28, 2011  
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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SINN, JERRY  
Address: 2345 CRYSTAL DRIVE, SUITE 915  
City-St-Zip: ARLINGTON, VA 22202

Title: TRES  
Name: SCHNEIDER, RICHARD A  
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: D  
Name: NEWMAN, MARK S  
Address: 1501 NORTHPOINT PKW, STE 104  
City-St-Zip: WEST PALM BEACH, FL 33407

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

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

I hereby 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 all other like empowered.

SIGNATURE: JASON RINSKY

VPT

04/28/2011

Electronic Signature of Signing Officer or Director

Date