

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49615

Entity Name: BAE SYSTEMS SOUTHEAST SHIPYARDS AMHC INC.**Current Principal Place of Business:**8500 HECKSCHER DR
JACKSONVILLE, FL 32226**Current Mailing Address:**9300 WELLINGTON ROAD
ATTN: SANDY YATES
MANASSAS, VA 20110 US**FEI Number:** 59-2869662**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	D
Name	GRAHAM, IAN T
Address	1101 WILSON BLVD.,SUITE 2000
City-State-Zip:	ARLINGTON VA 22209

Title	VPAS
Name	ALLEN, JENNIFER H
Address	1101 WILSON BLVD., SUITE 2000
City-State-Zip:	ARLINGTON VA 22209

Title	VS
Name	ELDRIDGE, ALICE M
Address	2000 NORTH 15TH STREET
City-State-Zip:	ARLINGTON VA 22201

Title	ASST. TREASURER
Name	SHERFERY, KEVIN
Address	11487 SUNSET HILLS RD
City-State-Zip:	RESTON VA 20190

Title	D
Name	MONTMINY, GUY
Address	1101 WILSON BLVD.,SUITE 2000
City-State-Zip:	ARLINGTON VA 22209

Title	P
Name	BIEBER, ERWIN
Address	2000 NORTH 15TH STREET
City-State-Zip:	ARLINGTON VA 22201

Title	VT
Name	BLUE, JAMES M
Address	2000 NORTH 15TH STREET
City-State-Zip:	ARLINGTON VA 22201

Title	VP
Name	DEMURO, GERARD J
Address	1101 WILSON BLVD., SUITE 2000
City-State-Zip:	ARLINGTON VA 22209

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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: JENNIFER H ALLEN

VAS

04/15/2016

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name GRAY, CURT
Address 1300 WILSON BLVD., SUITE 700
City-State-Zip: ARLINGTON VA 22209

Title ASST. SECRETARY
Name DONOHUE, ANNE M
Address 750 WEST BERKLEY AVE
City-State-Zip: NORFOLK VA 23523