

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49615

Entity Name: BAE SYSTEMS SOUTHEAST SHIPYARDS AMHC INC.

Current Principal Place of Business:

8500 HECKSCHER DRIVE
JACKSONVILLE, FL 32226

Current Mailing Address:

8500 HECKSCHER DRIVE
JACKSONVILLE, FL 32226 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 VP
Name MILLER II, JOHN
Address 2000 NORTH 15TH ST
City-State-Zip: ARLINGTON VA 22201

Title SECRETARY
Name MILLER II, JOHN
Address 2000 NORTH 15TH ST
City-State-Zip: ARLINGTON VA 22201

Title DIRECTOR
Name ELDRIDGE, ALICE M.
Address 8500 HECKSCHER DRIVE
City-State-Zip: JACKSONVILLE FL 32226

Title ASSISTANT SECRETARY
Name BROWN, KATHERINE H.
Address 8500 HECKSCHER DRIVE
City-State-Zip: JACKSONVILLE FL 32226

Title VP
Name BROWN, KATHERINE H.
Address 8500 HECKSCHER DRIVE
City-State-Zip: JACKSONVILLE FL 32226

Title ASSISTANT SECRETARY
Name PETERS, JEFFREY W.
Address 8500 HECKSCHER DRIVE
City-State-Zip: JACKSONVILLE FL 32226

Title PRESIDENT
Name MONTMINY, GUY
Address 8500 HECKSCHER DRIVE
City-State-Zip: JACKSONVILLE FL 32226

Title DIRECTOR
Name HOWAT, D. SCOTT
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: JOHN MILLER II

SECRETARY

05/19/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name ARSENEAULT, THOMAS A.
Address 1101 WILSON BLVD SUITE 2000
City-State-Zip: ARLINGTON VA 22209

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

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

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