

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000004336

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC4900020069**

**Entity Name:** BAE SYSTEMS SOUTHEAST SHIPYARDS MAYPORT LLC

**Current Principal Place of Business:**

8500 HECKSCHER DRIVE  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

9300 WELLINGTON ROAD  
C/O SANDY YATES  
MANASSAS, VA 20110 US

**FEI Number:** 59-1050964

**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

**Authorized Person(s) Detail :**

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

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

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

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

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

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

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

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

**Continues on page 2**

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JENNIFER H ALLEN

VPAS

04/15/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name GRAY, CURT  
Address 1300 WILSON BLVD., SUITE 700  
City-State-Zip: ARLINGTON VA 22201

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