2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004336

Entity Name: BAE SYSTEMS SOUTHEAST SHIPYARDS MAYPORT LLC

FILED
Apr 09, 2014
Secretary of State
CC0146829221

Current Principal Place of Business:

8500 HECKSCHER DRIVE JACKSONVILLE. FL 32226

Current Mailing Address:

45479 HOLIDAY DR C/O SANDY YATES STERLING, VA 20166 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 Title MGR

NameGRAHAM, IAN TNameMONTMINY, GUYAddress1101 WILSON BLVDAddress1101 WILSON BLVDCity-State-Zip:ARLINGTON VA 22209City-State-Zip:ARLINGTON VA 22209

Title AS Title VPT

Name DEVLIN, CHRIS Name JARVIE, BRUCE

Address 750 WEST BERKLEY AVE Address 8201 GREENSBORO DR
City-State-Zip: NORFOLK VA 23523 City-State-Zip: MCLEAN VA 22102

Title P Title SECRETARY

NameMOSELEY, ERIN RNameCREWS JR, ALFREDAddress80 M ST. SEAddress8201 GREENSBORO DRCity-State-Zip:WASHINGTON DC 22203City-State-Zip:MCLEAN VA 22102

Title VPAS Title TREASURER
Name ALLEN, JENNIFER H Name SHAW, TERRY L

Address 1101 WILSON BLVD Address 11487 SUNSET HILLS RD

City-State-Zip: ARLINGTON VA 22209 City-State-Zip: RESTON VA 20190

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 HALLEN

VP & ASSISTANT SECRETARY 04/09/2014