Entity Name: BAE SYSTEMS SOUTHEAST SHIPYARDS MAYPORT LLC

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

8500 HECKSCHER DRIVE JACKSONVILLE, FL 32226

DOCUMENT# M0600004336

Current Mailing Address:

13850 MCLEAREN ROAD C/O SANDY YATES HERNDON, VA 20171 US

FEI Number: 59-1050964

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Authorized Ferson(5) Detail.			
Title	MGR	Title	MGR
Name	GRAHAM, IAN T	Name	JACOBS, BRADLEY W
Address	1101 WILSON BLVD	Address	1101 WILSON BLVD
City-State-Zip:	ARLINGTON VA 22209	City-State-Zip:	ARLINGTON VA 22209
Title	AS	Title	VPT
Name	DEVLIN, CHRIS	Name	CRISTOFARI, PATRICK L
Address	750 WEST BERKLEY AVE	Address	1801 RESEARCH BLVD
City-State-Zip:	NORFOLK VA 23523	City-State-Zip:	ROCKVILLE MD 20850
Title	Ρ	Title	VPS
Title Name	P MOSELEY, ERIN R	Title Name	VPS COLEMAN, DOUGLAS
Name	MOSELEY, ERIN R	Name	COLEMAN, DOUGLAS
Name Address	MOSELEY, ERIN R 80 M ST. SE	Name Address	COLEMAN, DOUGLAS 1801 RESEARCH BLVD
Name Address City-State-Zip:	MOSELEY, ERIN R 80 M ST. SE WASHINGTON DC 22203	Name Address City-State-Zip:	COLEMAN, DOUGLAS 1801 RESEARCH BLVD ROCKVILLE MD 20850
Name Address City-State-Zip: Title	MOSELEY, ERIN R 80 M ST. SE WASHINGTON DC 22203 VPAS	Name Address City-State-Zip: Title	COLEMAN, DOUGLAS 1801 RESEARCH BLVD ROCKVILLE MD 20850 TREASURER
Name Address City-State-Zip: Title Name	MOSELEY, ERIN R 80 M ST. SE WASHINGTON DC 22203 VPAS ALLEN, JENNIFER H	Name Address City-State-Zip: Title Name	COLEMAN, DOUGLAS 1801 RESEARCH BLVD ROCKVILLE MD 20850 TREASURER SHAW, TERRY L

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER H ALLEN

VPAS

Date

Electronic Signature of Signing Authorized Person(s) Detail