#### 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: IAN THOMAS GRAHAM

#### Electronic Signature of Signing Authorized Person(s) Detail

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Authonized Person(s) Detail .				
Title	MANAGER	Tit		
Name	GRAHAM, IAN THOMAS	Na		

Title	MANAGER	Title	MANAGER	
Name	GRAHAM, IAN THOMAS	Name	HOWAT, SCOTT	
Address	1101 WILSON BLVD. SUITE 2000 ARLINGTON VA 22209	Address	1101 WILSON BLVD SUITE 2000	
		City-State-Zip:	ARLINGTON VA 22209	
City-State-Zip:				

# 2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M0600004336

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

#### **Current Principal Place of Business:**

8500 HECKSCHER DRIVE JACKSONVILLE, FL 32226

#### **Current Mailing Address:**

8500 HECKSCHER DRIVE JACKSONVILLE, FL 32226 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

SIGNATURE: Electronic Signature of Registered Agent

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.

Certificate of Status Desired: No

04/20/2017 Date

Date

FILED Apr 20, 2017 Secretary of State CC6700564861

MANAGER