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

SIGNATURE: IAN THOMAS GRAHAM

Electronic Signature of Signing Authorized Person(s) Detail

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

Αι

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

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0600004336

Entity Name: BAE SYSTEMS JACKSONVILLE SHIP REPAIR 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

uthorized Person(s) Detail :				
itle	MANAGER	Title	MANAGER	
lame	GRAHAM, IAN THOMAS	Name	HOWAT, SCOTT	
ddress	1101 WILSON BLVD.	Address	1101 WILSON BLVD SUITE 2000	

that my name appears above, or on an attachment with all other like empowered. 04/02/2018

Date

Date

FILED Apr 02, 2018 Secretary of State CC9974903696

Certificate of Status Desired: No

MANAGER