

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000007317

Entity Name: ATK LAUNCH SYSTEMS LLC

Current Principal Place of Business:

2980 FAIRVIEW PARK DR
FALLS CHURCH, VA 22042

Current Mailing Address:

2980 FAIRVIEW PARK DR
FALLS CHURCH, VA 22042

FEI Number: 36-2678716

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 ADNAN, RASHID
Address 2980 FAIRVIEW PARK DR
City-State-Zip: FALLS CHURCH VA 22042

Title MGR
Name WILLIAM, OLSEN L
Address 2980 FAIRVIEW PARK DR
City-State-Zip: FALLS CHURCH VA 22042

Title SECRETARY
Name LEPORE, ROXANNE I
Address 2980 FAIRVIEW PARK DR
City-State-Zip: FALLS CHURCH VA 22042

Title VP
Name LEHR, SCOTT L
Address 2980 FAIRVIEW PARK DR
City-State-Zip: FALLS CHURCH VA 22042

Title PRESIDENT
Name WILLIAMS, WENDY A.
Address 2980 FAIRVIEW PARK DR
City-State-Zip: FALLS CHURCH VA 22042

Title TREASURER
Name TAN, PHILIP
Address 2980 FAIRVIEW PARK DR
City-State-Zip: FALLS CHURCH VA 22042

Title VP, TAX
Name INMAN, SCOTT G.
Address 2980 FAIRVIEW PARK DR
City-State-Zip: FALLS CHURCH VA 22042

Title ASST. TREASURER
Name ROMANT, STEVE
Address 2980 FAIRVIEW PARK DR
City-State-Zip: FALLS CHURCH VA 22042

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: ROXANNE I. LEPORE

SECRETARY

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date