

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000358

**Entity Name:** PRECISE SYSTEMS, INC.

**Current Principal Place of Business:**

46591 EXPEDITION DRIVE, SUITE 200  
LEXINGTON PARK, MD 20653

**Current Mailing Address:**

46591 EXPEDITION DRIVE, STE 200  
LEXINGTON PARK, MD 20653 US

**FEI Number:** 52-1686191

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHE, FL 33470 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

**Officer/Director Detail :**

Title CHAIRMAN  
Name CURTIS, J. THOMAS  
Address 46591 EXPEDITION DRIVE, SUITE 200  
City-State-Zip: LEXINGTON PARK MD 20653

Title CEO  
Name CURTIS, J. THOMAS  
Address 46591 EXPEDITION DRIVE, SUITE 200  
City-State-Zip: LEXINGTON PARK MD 20653

Title CHAIRMAN  
Name PFISTER, SCOTT A.  
Address 46591 EXPEDITION DRIVE, SUITE 200  
City-State-Zip: LEXINGTON PARK MD 20653

Title SECRETARY  
Name PFISTER, SCOTT A.  
Address 46591 EXPEDITION DRIVE, SUITE 200  
City-State-Zip: LEXINGTON PARK MD 20653

Title VP  
Name ROTHWELL, ANGELA  
Address 46591 EXPEDITION DRIVE, SUITE 200  
City-State-Zip: LEXINGTON PARK MD 20653

Title VP  
Name MARINO, JOSEPH  
Address 46591 EXPEDITION DRIVE, SUITE 200  
City-State-Zip: LEXINGTON PARK MD 20653

Title VP  
Name KIRKLAND, CHARLES  
Address 46591 EXPEDITION DRIVE, SUITE 200  
City-State-Zip: LEXINGTON PARK MD 20653

Title VP  
Name WILLIAMS, PETER  
Address 46591 EXPEDITION DRIVE, SUITE 200  
City-State-Zip: LEXINGTON PARK MD 20653

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*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANGELA ROTHWELL

**VICE PRESIDENT**

**03/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BRAUN, RICHARD  
Address        46591 EXPEDITION DRIVE, SUITE 200  
City-State-Zip: LEXINGTON PARK MD 20653

Title           DIRECTOR  
Name           SMITH, ROBERT  
Address        46591 EXPEDITION DRIVE, SUITE 200  
City-State-Zip: LEXINGTON PARK MD 20653