

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004743

Entity Name: BWXT TECHNICAL SERVICES GROUP, INC.**Current Principal Place of Business:**2016 MOUNT ATHOS ROAD
LYNCHBURG, VA 24504-5447**Current Mailing Address:**2016 MOUNT ATHOS ROAD
LYNCHBURG, VA 24504-5447 US**FEI Number: 54-1606233****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

Officer/Director Detail :

Title DIRECTOR
Name BLACK, DAVID S.
Address 800 MAIN STREET
City-State-Zip: LYNCHBURG VA 24504

Title DIRECTOR
Name CANAFAX, JAMES D.
Address 2016 MOUNT ATHOS ROAD
City-State-Zip: LYNCHBURG VA 24504-5447

Title DIRECTOR
Name GEVEDEN, REX D.
Address 800 MAIN STREET
City-State-Zip: LYNCHBURG VA 28277

Title DIRECTOR
Name MCCABE, THOMAS E.
Address 800 MAIN STREET
City-State-Zip: LYNCHBURG VA 24504

Title SECRETARY
Name ALAN, MATTHEW
Address 236 RICHLAND AVE. W
City-State-Zip: AIKEN SC 29801

Title VP
Name CAMPLIN, KENNETH R.
Address 2016 MOUNT ATHOS ROAD
City-State-Zip: LYNCHBURG VA 24504-5447

Title PRESIDENT
Name DUKES, HEATHERLY H.
Address 2016 MOUNT ATHOS ROAD
City-State-Zip: LYNCHBURG VA 24504-5447

Title TREASURER
Name KUBBS, KIRT J
Address 11525 N. COMMUNITY HOUSE RD
City-State-Zip: CHARLOTTE NC 28277

Continues on page 2

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: THERESA B. TAYLOR**ASSISTANT SECRETARY 03/19/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	ASSISTANT SECRETARY
Name	TAYLOR, THERESA B.
Address	11525 N. COMMUNITY HOUSE RD., #600
City-State-Zip:	CHAROLTTE NC 28277