

2018 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: NOT APPLICABLE****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 2016 MOUNT ATHOS ROAD
City-State-Zip: LYNCHBURG VA 24504-5447

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

Title TREASURER
Name KUBBS, KIRT J
Address 2016 MOUNT ATHOS ROAD
City-State-Zip: LYNCHBURG VA 24504-5447

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

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

Title ASSISTANT SECRETARY
Name TAYLOR, THERESA B.
Address 2016 MOUNT ATHOS ROAD
City-State-Zip: LYNCHBURG VA 24504-5447

Title CORPORATE SECRETARY
Name ANDERSON, RICHARD V.
Address 2016 MOUNT ATHOS ROAD
City-State-Zip: LYNCHBURG VA 24504-5447

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 04/09/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date