

**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