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|------------------|---|-----------|
| <b>SCC eFile</b> | <b>2012 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 212525902 |
|------------------|---|-----------|

|  |   |       |            |        |     |
|--|---|-------|------------|--------|-----|
| 1.) CORPORATION NAME:<br><b>ATK Launch Systems Inc.</b>  | DUE DATE: <b>7/31/2012</b>  |       |            |        |     |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>4701 COX RD STE 301<br/>GLEN ALLEN, VA 23060-6802</b> | SCC ID NO: <b>F0240251</b>  |       |            |        |     |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   | 5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 100 |
| CLASS  | AUTHORIZED  |       |            |        |     |
| COMMON   | 100   |       |            |        |     |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>DE</b>  |   |       |            |        |     |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. Box 707

CITY/ST/ZIP: Brigham City, UT 84302

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|   |   |                                   |
|---|---|-----------------------------------|
|   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: Blake E. Larson                             |   |                                   |
| TITLE: CEO & PRES                                 |   |                                   |
| ADDRESS: 8400 West 5000 S                         |   |                                   |
| CITY/ST/ZIP/CO: PO Box 98<br>Magna, UT 84044-0098 |   |                                   |

|  |   |                                   |
|--|---|-----------------------------------|
|  | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: Doris K. Tuura                   |   |                                   |
| TITLE: SECRETARY                       |   |                                   |
| ADDRESS: 7480 Flying Cloud Drive       |   |                                   |
| CITY/ST/ZIP/CO: Eden Prairie, MN 55344 |   |                                   |

|  |   |                                   |
|--|---|-----------------------------------|
|  | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: Robert Rodgers                         |   |                                   |
| TITLE: VP/Treasurer                          |   |                                   |
| ADDRESS: 8400 West 5000 S                    |   |                                   |
| CITY/ST/ZIP/CO: PO Box 98<br>Magna, UT 84044 |   |                                   |

|   |   |  |
|---|---|--|
|   | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Deborah Moeschl                   |   |  |
| TITLE: Chairman/VP                      |   |  |
| ADDRESS: 4700 Nathan Ln N               |   |  |
| CITY/ST/ZIP/CO: Plymouth, MN 55442-2512 |   |  |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |                                  |           |
|---|----------------------------------|-----------|
| /s/ Doris K.Tuura                                   | Doris K.Tuura,                   | 7/11/2012 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE      |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.