

1.) CORPORATION NAME:

**AURORA FLIGHT SCIENCES CORPORATION**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **F1006271**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	17,500,000
PREFER	813,158

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9950 WAKEMAN DRIVE

CITY/ST/ZIP: MANASSAS, VA 20110

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.

NAME: MARK CHERRY TITLE: PRESIDENT ADDRESS: 9950 WAKEMAN DR CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: THOMAS CLANCY TITLE: VP-UAS ADDRESS: 9950 WAKEMAN DR CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KRISTINE MILLER TITLE: VP-BUS OPER ADDRESS: 9950 WAKEMAN DRIVE CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN LANGFORD TITLE: CEO ADDRESS: 9950 WAKEMAN DRIVE CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN TYLKO, JR TITLE: CIO ADDRESS: 9950 WAKEMAN DRIVE CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARTIN E. DANDRIDGE TITLE: DIRECTOR ADDRESS: 9950 WAKEMAN DRIVE CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD C. FRASER DIRECTOR 9950 WAKEMAN DRIVE MANASSAS, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARRYLL J PINES DIRECTOR 9950 WAKEMAN DR MANASSAS, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES W. SCHUBAUER II DIRECTOR 9950 WAKEMAN DR MANASSAS, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NORTON SWARTZ DIRECTOR 9950 WAKEMAN DR MANASSAS, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN O. TAUSCHER DIRECTOR 9950 WAKEMAN DR MANASSAS, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY J. TETHER DIRECTOR 9950 WAKEMAN DR MANASSAS, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH KOCH TREASURER 9950 WAKEMAN DRIVE MANASSAS, VA 20110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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/ RALPH KOCH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RALPH KOCH, TREASURER PRINTED NAME AND CORPORATE TITLE	6/25/2014 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.			