

1.) CORPORATION NAME:

Raytheon Trusted Computer Solutions, Inc.

DUE DATE: **9/30/2011**

SCC ID NO: **F1561606**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
C T CORPORATION SYSTEM
4701 COX RD
STE 301**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12950 WORLDGATE DRIVE
STE 600

CITY/ST/ZIP: HERNDON, VA 20170-

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: KATHRYN G. SIMPSON
TITLE: DIRECTOR
ADDRESS: 870 WINTER STREET
CITY/ST/ZIP/CO: WALTHAM, MA 02451-

OFFICER DIRECTOR

NAME: STEVEN K. HAWKINS
TITLE: PRESIDENT
ADDRESS: 1200 S. JUPITER ROAD
CITY/ST/ZIP/CO: GARLAND, TX 75042-

OFFICER DIRECTOR

NAME: NANCY GREER
TITLE: VP and CFO
ADDRESS: 1200 S. JUPITER ROAD
CITY/ST/ZIP/CO: GARLAND, TX 75042-

OFFICER DIRECTOR

NAME: MARK W. MARCH
TITLE: VP - Taxes
ADDRESS: 870 WINTER STREET
CITY/ST/ZIP/CO: WALTHAM, MA 02451-

OFFICER DIRECTOR

NAME: ROBERT J. MOORE
TITLE: VICE PRESIDENT
ADDRESS: 870 WINTER STREET
CITY/ST/ZIP/CO: WALTHAM, MA 02451-

OFFICER DIRECTOR

NAME: KATHRYN G. SIMPSON TITLE: SECRETARY ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RICHARD A. GOGLIA TITLE: TREASURER ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BROOKE M. BARTLESON TITLE: ASST SECRETARY ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL W. MUTEK TITLE: ASST SECRETARY ADDRESS: 1200 S. JUPITER RD. CITY/ST/ZIP/CO: GARLAND, TX 75042-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN M. SMITH TITLE: ASST SECRETARY ADDRESS: 1200 S. JUPITER RD. CITY/ST/ZIP/CO: GARLAND, TX 75042-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: STEPHEN J. IGLOWSKI TITLE: ASST TREASURER ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451-	<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/ BROOKE M. BARTLESON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BROOKE M. BARTLESON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
9/28/2011 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.	