

1.) CORPORATION NAME:

BAE Systems Training Services Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1643560**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8209 Terminal Road

CITY/ST/ZIP: Newington, VA 22079

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.

<p>NAME: TERRY SHAW TITLE: ASST TREASURER ADDRESS: 11487 SUNSET HILLS RD CITY/ST/ZIP/CO: RESTON, VA 20190</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: IAN T GRAHAM TITLE: DIRECTOR ADDRESS: 1101 WILSON BLVD CITY/ST/ZIP/CO: ATE 2000 ARLINGTON, VA 22209</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BRADLEY W JACOBS TITLE: DIRECTOR ADDRESS: 1101 WILSON BLVD SUITE 2000 CITY/ST/ZIP/CO: ARLINGTON, VA 22209</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DeEtte D Gray TITLE: PRESIDENT ADDRESS: 4075 Wilson Blvd CITY/ST/ZIP/CO: Arlington, VA 22203</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Jennifer H Allen TITLE: ASST SECRETARY ADDRESS: 1101 Wilson Blvd CITY/ST/ZIP/CO: Arlington, VA 22209</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Andrew S Mullin TITLE: ASST SECRETARY ADDRESS: 4075 Wilson Blvd CITY/ST/ZIP/CO: Arlington, VA 22203</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Alfred Crews, Jr TITLE: SECRETARY ADDRESS: 4075 Wilson Blvd CITY/ST/ZIP/CO: Arlington, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: James M Blue TITLE: TREASURER ADDRESS: 4075 Wilson Blvd CITY/ST/ZIP/CO: Arlington, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ Jennifer Hallen	Jennifer Hallen,	6/28/2012
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.