

1.) CORPORATION NAME:

DUE DATE: **7/31/2014**

**BAE Systems Training Services Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1643560**

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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: DEETTE D GRAY TITLE: PRESIDENT ADDRESS: 8201 GREENSBORO DR CITY/ST/ZIP/CO: MCLEAN, VA 22102</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JENNIFER H ALLEN TITLE: VP &amp; ASST SECY ADDRESS: 1101 WILSON BLVD CITY/ST/ZIP/CO: ARLINGTON, VA 22209</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JAMES M BLUE TITLE: TREASURER ADDRESS: 8201 GREENSBORO DR CITY/ST/ZIP/CO: MCLEAN, VA 22102</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<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: ALFRED CREWS, JR TITLE: SECRETARY ADDRESS: 8201 GREENSBORO DR CITY/ST/ZIP/CO: MCLEAN, VA 22102</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ANDREW S MULLIN TITLE: ASST SECRETARY ADDRESS: 65 SPIT BROOK RD CITY/ST/ZIP/CO: NASHUA, NH 03060</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME:	IAN T GRAHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1101 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 2000 ARLINGTON, VA 22209		

NAME:	GUY MONTMINY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1101 WILSON BLVD SUITE 2000		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		

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.

<u>/s/ JENNIFER H ALLEN</u>	<u>JENNIFER H ALLEN, VP &amp; ASST</u>	<u>6/4/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECY 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.