

1.) CORPORATION NAME:

BAE SYSTEMS Controls Inc.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1695883**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1098 CLARK STREET

CITY/ST/ZIP: ENDICOTT, NY 13790

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:	DAN J GOBEL	
TITLE:	PRESIDENT	
ADDRESS:	865 SPIT BROOK RD	
CITY/ST/ZIP/CO:	NASHUA, NH 03060	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JENNIFER H ALLEN	
TITLE:	VP/AS	
ADDRESS:	1101 WILSON BLVD	
CITY/ST/ZIP/CO:	STE 2000 ARLINGTON, VA 22209	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TERRY L SHAW	
TITLE:	TREASURER	
ADDRESS:	11487 SUNSET HILLS RD	
CITY/ST/ZIP/CO:	RESTON, VA 20190	

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

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

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JENNIFER RANGER	
TITLE:	ASST SECRETARY	
ADDRESS:	1098 CLARK ST	
CITY/ST/ZIP/CO:	ENDICOTT, NY 13760	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW D MULLIN SECRETARY 65 SPIT BROOK RD NASHUA, NH 03060	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS A ARSENEAULT VICE PRESIDENT 1101 WILSON BLVD ARLINGTON, VA 22209	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA P HUDSON VICE PRESIDENT 1101 WILSON BLVD ARLINGTON, VA 22209	<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/ JENNIFER H ALLEN	JENNIFER H ALLEN, VP/AS	1/23/2014			
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.					