

1.) CORPORATION NAME:

**Sotera Defense Solutions, Inc.**

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1806100**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2121 COOPERATIVE WAY  
SUITE 400

CITY/ST/ZIP: HERNDON, VA 20171

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:	JOHN HILLEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2121 COOPERATIVE WAY		
	SUITE 400		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		

NAME:	JESSE D. WATTER III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2121 COOPERATIVE WAY		
	SUITE 400		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		

NAME:	RICHARD HARKEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	2121 COOPERATIVE WAY		
	SUITE 400		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		

NAME:	JAMES B. HIRSHORN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2121 COOPERATIVE WAY		
	SUITE 400		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		

NAME:	STEPHEN HUGHES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2121 COOPERATIVE WAY		
	SUITE 400		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW D. CWIERTNIA DIRECTOR 2121 COOPERATIVE WAY SUITE 400 HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD C. JONES DIRECTOR 2121 COOPERATIVE WAY SUITE 400 HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL C. LUKAS DIRECTOR 2121 COOPERATIVE WAY SUITE 400 HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER ROBERTS DIRECTOR 2121 COOPERATIVE WAY SUITE 400 HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" 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/ JESSE D. WATTER III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JESSE D. WATTER III, SECRETARY PRINTED NAME AND CORPORATE TITLE	9/27/2012 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.			