

|  |   |       |            |        |       |
|--|---|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>BAE Systems Ship Repair Inc.</b>   | DUE DATE: <b>12/31/2012</b>   |       |            |        |       |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>         4701 COX RD STE 301<br/>         GLEN ALLEN, VA 23060-6802</b> | SCC ID NO: <b>F1882275</b>  |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   | 5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS  | AUTHORIZED  |       |            |        |       |
| COMMON   | 1,000   |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>DE</b>  |   |       |            |        |       |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 750 WEST BERKLEY AVE.

CITY/ST/ZIP: NORFOLK, VA 23523

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: JENNIFER H ALLEN<br>TITLE: ASST SECRETARY<br>ADDRESS: 1101 WILSON BLVD<br>CITY/ST/ZIP/CO: ARLINGTON, VA 22209 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |  |
| NAME: IAN T GRAHAM<br>TITLE: DIRECTOR<br>ADDRESS: 1101 WILSON BLVD<br>CITY/ST/ZIP/CO: ARLINGTON, VA 22209           | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |  |
| NAME: BRADLEY W JACOBS<br>TITLE: DIRECTOR<br>ADDRESS: 1101 WILSON BLVD<br>CITY/ST/ZIP/CO: ARLINGTON, VA 22209       | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |  |
| NAME: TERRY L SHAW<br>TITLE: ASST TREASURER<br>ADDRESS: 11487 SUNSET HILLS RD<br>CITY/ST/ZIP/CO: RESTON, VA 20190   | <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 HALLEN                                 | JENNIFER HALLEN,                 | 11/15/2012 |
| 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.