

1.) CORPORATION NAME:

BAE Systems Ship Repair Inc.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1882275**

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: 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.

<p>NAME: DAVID A HERR TITLE: VICE PRESIDENT ADDRESS: 1101 WILSON BLVD CITY/ST/ZIP/CO: ARLINGTON, VA 22209</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: TERRY L 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: 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: DOUGLAS COLEMAN TITLE: SECRETARY ADDRESS: 80 M ST. SE CITY/ST/ZIP/CO: WASHINGTON, DC 20003</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: ARLINGTON, VA 22209</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BRADLEY W JACOBS TITLE: DIRECTOR ADDRESS: 1101 WILSON BLVD CITY/ST/ZIP/CO: ARLINGTON, VA 22209</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: ERIN R MOSELEY TITLE: PRESIDENT ADDRESS: 80 M ST. SE CITY/ST/ZIP/CO: WASHINGTON, DC 20003	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: LINDA P HUDSON TITLE: VICE PRESIDENT ADDRESS: 1101 WILSON BLVD CITY/ST/ZIP/CO: ARLINGTON, VA 22209	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PATRICK L CRISTOFARI TITLE: VICE PRESIDENT ADDRESS: 80 M ST. SE CITY/ST/ZIP/CO: WASHINGTON, DC 20003	<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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JENNIFER H ALLEN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	11/27/2013 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.		