

1.) CORPORATION NAME:

BAE Systems Aerospace & Defense Group Inc.

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1911207**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AZ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7822 SOUTH 46TH ST

CITY/ST/ZIP: PHOENIX, AZ 85044

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:	DAVID A HERR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1101 WILSON BLVD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		

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

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

NAME:	JACK A RUBINO III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	7822 46TH ST.		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85044		

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

NAME:	ERIN R MOSELEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	80 M ST. SE		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20003		

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: DOUGLAS COLEMAN TITLE: SECRETARY ADDRESS: 80 M ST. SE CITY/ST/ZIP/CO: WASHINGTON, DC 20003	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PATRICK L CRISTOFARI TITLE: VP & TREASURER ADDRESS: 80 M ST. SE CITY/ST/ZIP/CO: WASHINGTON, DC 20003	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JENNIFER H ALLEN TITLE: VP & ASST SECT ADDRESS: 1101 WILSON BLVD CITY/ST/ZIP/CO: 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 HALLEN	JENNIFER HALLEN,	9/10/2013
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.		