

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213547858

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 ROAD, SUITE 285
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.

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

		<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:	TERRY L SHAW				
TITLE:	ASST TREASURER				
ADDRESS:	11487 SUNSET HILLS RD				
CITY/ST/ZIP/CO:	RESTON, VA 20190				

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: JAOHN A RUBINO III TITLE: ASST SECRETARY ADDRESS: 7822 46TH ST. CITY/ST/ZIP/CO: PHOENIX, AZ 85044	<input checked="" type="checkbox"/> OFFICER <input 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: BRADLEY W JACOBS TITLE: DIRECTOR ADDRESS: 1101 WILSON BLVD. CITY/ST/ZIP/CO: STE 2000 ARLINGTON, VA 22209	<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/ JENNIFER H ALLEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JENNIFER H ALLEN, VP & ASST SECT PRINTED NAME AND CORPORATE TITLE
10/15/2013 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.	