



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 126461		2. Exact name of the limited liability company L-3 Communications Vertex Aerospace LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Aircraft Modification	
5. Principal office address 555 Industrial Dr S		City Madison	State MS
		Zip 39110	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Lawrence Van Blerkom		Contact Title Assistant Vice President	
Street Address 600 Third Avenue		City New York	State NY
		Zip 10016	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS. (X) BOX FOR ATTACHMENT ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Kenneth R. Goldstein		Manager Name Christopher C. Cambria	
Street Address 600 Third Avenue		Street Address 600 Third Avenue	
City New York	State NY	City New York	State NY
Zip 10016		Zip 10016	
Manager Name Stephen M. Souza		Manager Name	
Street Address 600 Third Avenue		Street Address	
City New York	State NY	City	State
Zip 10016		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT Corporation System		Address	
Address 10 Weybosset Street		City Providence	Zip 02903

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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FILED
File Date
Check No. OCT 09 2007
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]
Signature of Authorized Person
Lawrence Van Blerkom
Print or Type Name of Authorized Person
9/18/07
Date