

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 465846 (4)

1. Corporation Name
**RADIATION SYSTEMS ELECTROMECHANICAL SYSTEMS, INC
ORPORATED**



Principal Place of Business 6200 118TH AVE. NORTH LARGO FL 34643-3726 US	Mailing Address 6200 118TH AVE NORTH LARGO FL 33773-3726
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1974	3a. Date of Last Report 02/22/1996
21	26	4. FEI Number 59-1574736		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO THOMAS, RICHARD E. (D)	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CE/D THOMAS, JR., RAYMOND D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8207 LIGHT HORSE COURT ANNANDALE VA		1.2 NAME	22300 COMSAT DRIVE CLARKSBURG, MD 20871-9475	
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE	PD GRANNAN, KENNETH A.	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1009 LAKE RIDGE DRIVE SAFETY HARBOR FL		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	TD FUNSTON, MARK (ASST S.)	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D HOLMAN, MARJORIE A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	321 CHARLES STREET ROCKVILLE MD		3.2 NAME	1501 MORAN ROAD DULLES, VIRGINIA 20166-9475	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	S MCCOMAS, R. DOSS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S MCGARRAHAN, ROGER K.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	114 JAMESTOWN RD. FRONT ROYAL VA		4.2 NAME	1501 MORAN ROAD DULLES, VIRGINIA 20166-9475	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	V DIEHL, CHUCK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	6200 118TH AVENUE NORTH LARGO, FLORIDA 34643	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Roger K. McGarrahan** **3/25/97** **(703) 450-5680**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)