

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90012 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **465846**

1. Corporation Name
ELECTROMECHANICAL SYSTEMS, INCORPORATED

ELECTROMECHANICAL SYSTEMS, INC. (NAME CHANGE FILED 12/28/98)



Principal Place of Business
 6200 118TH AVE., NORTH
 LARGO FL 34643-3726
 US

Mailing Address
 6200 118TH AVE NORTH
 LARGO FL 34643-3726

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/02/1974

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1574736	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	33773		33773			
24	Country	29	Country	8.	This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS JR, RAYMOND D	1.2 NAME	T FRUHWIRTH, DENNIS A.
STREET ADDRESS	22300 COMSAT DRIVE	1.3 STREET ADDRESS	6560 ROCK SPRING DRIVE
CITY-ST-ZIP	CLARKSBURG MD	1.4 CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANNAN, KENNETH A.	2.2 NAME	S ZEGER, WARREN Y.
STREET ADDRESS	1009 LAKE RIDGE DRIVE	2.3 STREET ADDRESS	6560 ROCK SPRING DRIVE
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMAN, MARJORIE A	3.2 NAME	ASST. S DAVIS, ROBERT N.
STREET ADDRESS	1501 MORAN ROAD	3.3 STREET ADDRESS	6560 ROCK SPRING DRIVE
CITY-ST-ZIP	DULLES VA	3.4 CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEGEL, HAROLD ARYAI	4.2 NAME	CONTROLLER EVICH, JOSEPH W.
STREET ADDRESS	1501 MORAN ROAD	4.3 STREET ADDRESS	6200 - 118TH AVENUE NO.
CITY-ST-ZIP	DULLES VA 20166	4.4 CITY-ST-ZIP	LARGO, FL 33773
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEHL, CHUCK	5.2 NAME	
STREET ADDRESS	6200 118TH AVE NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	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 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, with all other like empowered.

SIGNATURE:

Joseph W. Evich
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

Date

Daytime Phone #

CR2E034 (1/198)