

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **852053** (8)

1. Corporation Name

ELECTRONIC WARFARE ASSOCIATES, INC.



Principal Place of Business

Mailing Address

13873 PARK CENTER ROAD
HERNDON VA 22071
US

13873 PARK CENTER ROAD
HERNDON VA 22071
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/02/1982

3a. Date of Last Report
05/01/1995

4. FEI Number
54-1082215

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. Yes No

10. Name and Address of New Registered Agent

**STARR, KENNETH J.
12424 RESEARCH PKWY
SUITE 265
ORLANDO FL 32826**

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 607.1503, 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, officer or director

DATE (Month/Day/Year) (Example: 01/01/95)

DATE (Month/Day/Year) (Example: 01/01/95)

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|------------------------------|---------------------------|---------------------|--------------------------|
| | STD MOREY, WILLIAM S | 44 CARROLLTON RD | STERLING VA | <input type="checkbox"/> |
| | PD GUERRERI, CARL N | 10102 HOLLAND CT | MANASSAS VA | <input type="checkbox"/> |
| | D WEITZEN, WILLIAM | 6821 GRANBY STREET | BETHESDA MD | <input type="checkbox"/> |
| | VD CONNOLLY, EDWARD T | 8900 ANITA CT | MANASSAS VA | <input type="checkbox"/> |
| | D DECKER, GILBERT | 207 BELMONT AVENUE | LOS GATOS CA | <input type="checkbox"/> |
| | D MERRELL SR, JOHN Y | 4630 N DITTMAR RD | ARLINGTON VA | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-ST-ZIP | 15 TITLE | 16 NAME | 17 STREET ADDRESS | 18 CITY-ST-ZIP | 19 TITLE | 20 NAME | 21 STREET ADDRESS | 22 CITY-ST-ZIP | 23 TITLE | 24 NAME | 25 STREET ADDRESS | 26 CITY-ST-ZIP | 27 TITLE | 28 NAME | 29 STREET ADDRESS | 30 CITY-ST-ZIP | Change | Addition |
|----------|---------|-------------------|----------------|----------|---------|-------------------|----------------|----------|---------|-------------------|----------------|----------|---------|-------------------|----------------|----------|---------|-------------------|----------------|--------------------------|--------------------------|
| | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, upon an appointment with an address.

SIGNATURE: *Jerry M. Kerr* **GARY M. KERR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96 (703) 904-5005
DATE (Month/Day/Year) (Example: 01/01/95)

CR2E034 (12/95)