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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 852053 (8)
1. Corporation Name
ELECTRONIC WARFARE ASSOCIATES, INC.
- Amended -



Principal Place of Business 13873 PARK CENTER ROAD HERNDON VA 22071 US	Mailing Address 13873 PARK CENTER ROAD HERNDON VA 20171-3223 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/02/1982	3a. Date of Last Report 03/20/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 54-1082215	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 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
STARR, KENNETH J. *Barbara Waters*
**12424 RESEARCH PKWY
SUITE 265
ORLANDO FL 32826**

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 or its 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)

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-11/13/97--01080-017
*******61.25 *****61.25**

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SIDNEY WEINSTEIN	
1.3 STREET ADDRESS	13873 Park Center Road	
1.4 CITY-ST-ZIP	Herndon, VA 22071	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GARY KERR	
2.3 STREET ADDRESS	13873 Park Center Road	
2.4 CITY-ST-ZIP	Herndon, VA 22071	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FRANK BLAKE	
3.3 STREET ADDRESS	13873 Park Center Road	
3.4 CITY-ST-ZIP	Herndon, VA 22071	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DOUGLAS ARMSTRONG	
4.3 STREET ADDRESS	13873 Park Center Road	
4.4 CITY-ST-ZIP	Herndon, VA 22071	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RICHARD FRIEDEL	
5.3 STREET ADDRESS	13873 Park Center Road	
5.4 CITY-ST-ZIP	Herndon, VA 22071	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

A. Almer 11/10/97

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: *Barbara Waters* **GARY M. KERR** **9-24-97** **1703 2nd Street**

CR2E034 (9/96)