


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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90055 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 852053

1. Corporation Name
ELECTRONIC WARFARE ASSOCIATES, INC.



Principal Place of Business 3300 UNIVERSITY BOULEVARD SUITE 149 WINTER PARK FL 32792 US	Mailing Address 3300 UNIVERSITY BOULEVARD SUITE 149 WINTER PARK FL 32792 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	13873 PARK CENTER ROAD	26	13873 PARK CENTER ROAD	03/02/1982	
Suite, Apt. #, etc. 22 FIFTH FLOOR		Suite, Apt. #, etc. 27 FIFTH FLOOR		4. FEI Number 54-1082215	
City & State 23 HERNDON, VA		City & State 28 HERNDON, VA		Applied For Not Applicable	
Zip 24 20171		Country 25 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <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			
NICKELSON, BOBBY 3300 UNIVERSITY BOULEVARD SUITE 149 WINTER PARK FL 32792				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUERRERI, CARL N	1.2 NAME	MOREY, WILLIAM S
STREET ADDRESS	10102 HOLLAND CT	1.3 STREET ADDRESS	13873 PARK CENTER ROAD
CITY-ST-ZIP	MANASSAS VA	1.4 CITY-ST-ZIP	HERNDON VA 20171
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTREIN, SIDNEY	2.2 NAME	
STREET ADDRESS	13873 PARK CENTER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA 22071	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOLLY, EDWARD T	3.2 NAME	
STREET ADDRESS	8900 ANITA CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MANASSAS VA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, GARY	4.2 NAME	
STREET ADDRESS	13873 PARK CENTER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA 22071	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, FRANK	5.2 NAME	
STREET ADDRESS	13873 PARK CENTER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA 22071	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, DOUGLAS	6.2 NAME	
STREET ADDRESS	13873 PARK CENTER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA 22071	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 in an attachment with an address, with all other like empowered.

SIGNATURE: *William S. Morey* SIGNATURE REC'D **William S. Morey, Sr. V.P. 4/13/99 5700** 703-904-5700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)