


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 852526 1. Entity Name TASC, INC.	
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Principal Place of Business 4801 STONECRAFT BLVD CHANTILLY, VA 20151	Mailing Address 1840 CENTURY PARK EAST LOS ANGELES, CA 90067
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-2393618	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000059716
 02/23/04-80010-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'NEILL, JAMES 4801 STONECRAFT BLVD. CHANTILLY, VA 20151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANFORD, JAMES L 1840 CENTURY PARK EAST LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOAK, RICHARD 4801 STONE CRAFT BLVD CHANTILLY, VA 20151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MULLAN, JOHN H 1840 CENTURY PARK EAST LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, ALBERT F 1840 CENTURY PARK EAST LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKS, TERRY W 1840 CENTURY PARK EAST LOS ANGELES, CA 90067

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John H. Mullan 2/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #