## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2002 8:00 am Secretary of State F01000000092 DOCUMENT # 1. Entity Name ANTEON CORPORATION 05-16-2002 90084 044 \*\*\*150.00 Principal Place of Business Mailing Address 3211 JERMANTOWN ROAD, SUITE 700 3211 JERMANTOWN ROAD, SUITE 700 360406 FAIRFAX VA 22030 FAIRFAX VA 22030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-1194322 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street:Address:(P:O=Box:Number-is:Not-Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 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. SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. . Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS See Attached Schedule 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete XXAddition Change KAMPF, JOSEPH M Thomas M. Cogburn 3245J Arrowhead Cir. NAME NAME STREET ADDRESS 9751 AVENEL FARM DRIVE STREET ADDRESS Fairfax, VA 22030 CITY-ST-ZIP POTOMAC MD 20854 CITY-ST-ZIP TITLE ☐ Delete TITLE XX Addition Change NAME CRENSHAW, CARLTON B Noreen Centracchio NAME 10941 Stuart Mill Rd. STREET ADDRESS 1233 GILMAN COURT STREET ADDRESS CITY-ST-7iP **HERNDON VA 20170** Oakton, VA 22124 CITY-ST-7IP VSD \*\*\*Addition ☐ Delete TITLE Change Howard "Pat" Dawson NAME SCHEHR, CURTIS L NAME 13648\_S. Springs\_Dr. STREET ADDRESS -1817-ABBEY OAK DR.-STREET ADDRESS CITY-ST-ZIP VIENNA VA 22182 Clifton, VA 20124 CITY-ST-7IP -TITLE ☐ Delete TITLE Change \*XX Addition NAME Roger Gurner NAME 9014 Penn Manor Ct. Springfield, VA 22153 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITI F ☐ Delete TITLE Addition ☐ Change Mark Heilman NAME 20292 Gileswood Farm Ln. STREET ADDRESS STREET ADDRESS Purcellville, VA 20134 CITY-ST-ZIP CITY-ST-ZIP TITLE XX Addition Delete Change Seymour Moskowitz NAME 3184 Wheatland Farms Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oakton, VA 22124 13. 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 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 11 or Block 12 if

703,246,0200

SIGNATURE: