

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F92000000429 (2)

1. Corporation Name:

ANSTEC, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:51

Principal Place of Business

**10530 ROSEHAVEN ST.
SUITE 520
FAIRFAX VA 22030**

Mailing Address

**10530 ROSEHAVEN ST.
SUITE 520
FAIRFAX VA 22030**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/24/1992

3a. Date of Last Report

03/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

54-1203408

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signed, typed or printed name of registered agent and the filer(s).

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**VP
MCDONALD, THOMAS M
14300 PERRYWOOD DR
BURTONVILLE MD**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**S
SHRIVASTAVA, SUDHA
12712 KENTSTONE WAY
FAIRFAX VA 22030**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**VP
TANNER, SHELBY G
3135 ELEMENDORF DR.
OAKTON VA 22124**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**VP
PADGETT, BASCOMBE G
1822 HATFIELD RD.
HUNTINGTOWN MD 20639**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**VP
BLOCHER, WILLIAM J
11191 LONGWOOD GROVE DR
RESTON VA**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(a), 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:

S. S. Shrivastava
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1-30-95

703-934-8209