

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90423 043 ***158.75

DOCUMENT # F95000000914

1. Entity Name

TECHNICAL DYNAMICS, INCORPORATED

Principal Place of Business

5580 PORT ROYAL RD
 SPRINGFIELD VA 33151-2300
 US

Mailing Address

5580 PORT ROYAL RD
 SPRINGFIELD VA 22151-2303
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

54-1205106

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HODGES, LOYD D
10881 7TH AVE. GULF
MARATHON FL 33050

7. Name and Address of New Registered Agent

Name Dupree, Toussaint
 Street Address (P.O. Box Number is Not Acceptable)
1270 73rd Street Ocean
 City Marathon **FL** Zip Code 33050

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

Toussaint Dupree

4/7/00

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

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	COHEN, MARTIN L	
STREET ADDRESS	8001 BRADDOCK RD.	
CITY-ST-ZIP	SPRINGFIELD VA 22151	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGENHEIMER, RICHARD C	
STREET ADDRESS	8001 BRADDOCK RD.	
CITY-ST-ZIP	SPRINGFIELD VA 22151	
TITLE	DCOO	<input type="checkbox"/> Delete
NAME	HELBRINGER, KATHY	
STREET ADDRESS	5580 PORT ROYAL RD	
CITY-ST-ZIP	SPRINGFIELD VA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cohen, Martin L	
STREET ADDRESS	8110 Gatehouse Rd.	
CITY-ST-ZIP	Falls Church, VA 22042	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Magenheimer, Richard C	
STREET ADDRESS	8110 Gatehouse Rd.	
CITY-ST-ZIP	Falls Church, VA 22042	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00
 Date

703-978-1118
 Daytime Phone #

CR2E034 (9/99)