

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 SEP 16 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F9800003000**
1. Corporation Name
Space Applications Corporation

Principal Place of Business Mailing Address
4695 MacArthur Court same
8th Floor
Newport Beach, CA 92660

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 same as above	26 same as above	2/27/98	33-0080929	Not Applicable
22 Suite Apt #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 Zip	29 Zip	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country	30 Country			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324	81 Name NRAI Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Avenue 83 84 City Tallahassee FL 85 Zip Code 32301

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 *C. Baclot* **Charles Baclot, Vice President** **September 15, 1999**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael A. Piraino	12 NAME	
STREET ADDRESS	4695 MacArthur Court, 8th Flr	13 STREET ADDRESS	
CITY-ST-ZIP	Newport Beach, CA 92660	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward A. Beeman	22 NAME	
STREET ADDRESS	4695 MacArthur Court, 8th Flr	23 STREET ADDRESS	200002989492--8
CITY-ST-ZIP	Newport Beach, CA 92660	24 CITY-ST-ZIP	-09/17/99-01030-007
TITLE	<input type="checkbox"/> DELETE	31 TITLE	***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	***150.00
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director	42 NAME	
STREET ADDRESS	Steven S. Myers	43 STREET ADDRESS	
CITY-ST-ZIP	4695 MacArthur Court, 8th Flr	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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 in 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 authorized officer 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 Section 607.0505, Florida Statutes, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *E. A. Beeman* **Edward A. Beeman, Sr. Vice President, CFO/Secretary**

*When You Must Win...
You Need Doers,
Not AdvisorsSM*



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E-mail: doers.eg@smawins.com

NASDAQ: WINS

September 15, 1999

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations

RE: PROFIT CORPORATION
ANNUAL REPORT 1999

To Whom It May Concern:

SM&A Corporation acquired Space Applications Corporation in May of 1998 and shortly thereafter, within the same year, acquired another corporation. As you may well expect we have had a multitude of documents to review, in addition to the transitioning of new officers and directors.

As a result of a recent transaction, we came to realize that our corporate office had not received a 1999 Annual Report form for the State of Florida.

We would appreciate your consideration in waiving the penalty ordinarily imposed for a late filing.

Thanking you in advance for your assistance.

Sincerely,

A handwritten signature in black ink that reads 'E. A. Beeman' with a long horizontal flourish extending to the right.

Edward A. Beeman
Senior Vice President,
Chief Financial Officer and
Secretary

EAB:ie