

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 9:03

DOCUMENT # **P05228** (2)
1. Corporation Name
PUBLIC ADMINISTRATION SERVICE INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/07/1985** 3a. Date of Last Report **03/23/1994**
4. FEI Number **36-2169166** Applied For
Not Applicable

Principal Place of Business Mailing Address
8301 GREENSBORO DRIVE 8301 GREENSBORO DRIVE
STE 420 STE 420
MCLEAN VA 22102 MCLEAN VA 22102

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

5. Certificate of Status Desired \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SITKOFF, THEODORE
STREET ADDRESS	12910 CLEVELAND DRIVE
CITY - ST - ZIP	ROCKVILLE MD
TITLE	V
NAME	EDWARDS, HOWARD W.
STREET ADDRESS	12341 COLERAINE CT
CITY - ST - ZIP	RESTON VA
TITLE	S
NAME	HOLLMAN, LAWRENCE D.
STREET ADDRESS	6504 KENHILL RD
CITY - ST - ZIP	BETHESDA MD
TITLE	ST
NAME	CROUSE, BETTE (ASST)
STREET ADDRESS	2025 APPROACH LANE
CITY - ST - ZIP	RESTON VA
TITLE	T
NAME	GREISINGER, GEORGE
STREET ADDRESS	6460 OVERBROOK ST.
CITY - ST - ZIP	FALLS CHURCH VA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Position eliminated <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in my own handwriting; that I am an officer or director of the corporation or the receiver or trustee or authorized person empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Theodore Sitkoff* President 2/22/95 703-734-8970
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR