

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

700001773237
-04/09/96--01033--011
***61.25

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



Principal Place of Business Mailing Address

South Wing, First Floor
7927 Jones Branch Drive
McLean, VA 22102

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7927 Jones Branch Drive
McLean, VA 22102

Date Incorporated or Qualified 03/07/1985
3a. Date of Last Report 03/03/1995
FEI Number 36-2169166
Applied For Not Applicable

22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required						
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees						
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	SITKOFF, THEODORE	1.2 NAME	Halligan, Robert
STREET ADDRESS	12910 CLEVELAND DRIVE	1.3 STREET ADDRESS	2528 Trophy Lane
CITY-ST-ZIP	ROCKVILLE MD	1.4 CITY-ST-ZIP	Reston, VA 22091
TITLE	V	2.1 TITLE	D
NAME	EDWARDS, HOWARD W.	2.2 NAME	Carlos Sanson
STREET ADDRESS	12341 COLERAINE CT	2.3 STREET ADDRESS	5301 Crown Street
CITY-ST-ZIP	RESTON VA	2.4 CITY-ST-ZIP	Bethesda, MD 20816
TITLE	S	3.1 TITLE	D
NAME	HOLLMAN, LAWRENCE D.	3.2 NAME	Morss, Elliott
STREET ADDRESS	6504 KENHILL RD	3.3 STREET ADDRESS	487 Boyston Street
CITY-ST-ZIP	BETHESDA MD	3.4 CITY-ST-ZIP	Brookline, MA 02146
TITLE	T	4.1 TITLE	D
NAME	GREISINGER, GEORGE	4.2 NAME	Fosler, Scott
STREET ADDRESS	6460 OVERBROOK ST.	4.3 STREET ADDRESS	4104 Woodbine Street
CITY-ST-ZIP	FALLS CHURCH VA	4.4 CITY-ST-ZIP	Chevy Chase, MD 20815
TITLE	D	5.1 TITLE	D
NAME	Robert LaPorte, Jr.	5.2 NAME	Herman, Mauricio
STREET ADDRESS	605 Lynwood Place	5.3 STREET ADDRESS	13616 Clary Sage Drive
CITY-ST-ZIP	Boalsburg, PA 16827	5.4 CITY-ST-ZIP	Chantilly, VA 22021
TITLE	D	6.1 TITLE	D
NAME	David Gordon	6.2 NAME	Rice, Fred
STREET ADDRESS	3001 Veasey Terrace, N.W.	6.3 STREET ADDRESS	8929 S. Pleasant
CITY-ST-ZIP	Washington, D.C. 20008	6.4 CITY-ST-ZIP	Chicago, IL 60602

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas W. Selman* Vice-President 2/26/96 703-734-8970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)