


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P05228 (2)**

1. Corporation Name  
**PUBLIC ADMINISTRATION SERVICE INC.**



Principal Place of Business <b>7827 JONES BRANCH DRIVE SOUTH WING FIRST FLOOR MCLEAN VA 22102</b>	Mailing Address <b>7827 JONES BRANCH DRIVE SOUTH WING FIRST FLOOR MCLEAN VA 22102-3322</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified <b>03/07/1985</b>	3a. Date of Last Report <b>04/08/1996</b>
4. FEI Number <b>36-2169166</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

**CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>SITKOFF, THEODORE</b>
STREET ADDRESS	<b>12910 CLEVELAND DRIVE</b>
CITY-ST-ZIP	<b>ROCKVILLE MD</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>EDWARDS, HOWARD W.</b>
STREET ADDRESS	<b>12341 COLERAINE CT</b>
CITY-ST-ZIP	<b>RESTON VA</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>HOLLMAN, LAWRENCE D.</b>
STREET ADDRESS	<b>8504 KENHILL RD</b>
CITY-ST-ZIP	<b>BETHESDA MD</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>GREISINGER, GEORGE</b>
STREET ADDRESS	<b>6460 OVERBROOK ST.</b>
CITY-ST-ZIP	<b>FALLS CHURCH VA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LAPORTE, ROBERT JR</b>
STREET ADDRESS	<b>8505 LYNWOOD PLACE</b>
CITY-ST-ZIP	<b>BOALSBURG PA 16827</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GORDON, DAVID</b>
STREET ADDRESS	<b>3001 VEASEY TERRACE, N.W.</b>
CITY-ST-ZIP	<b>WASHINGTON DC 20008</b>

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 <input 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 do 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 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: Theodore Sitkoff **THEODORE SITKOFF** 1/15/97 803-734 8973  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076059

CR2E037 (9/96)