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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05228 (2)
 1. Corporation Name
PUBLIC ADMINISTRATION SERVICE INC.



Principal Place of Business 7927 JONES BRANCH DRIVE SOUTH WING FIRST FLOOR MCLEAN VA 22102	Mailing Address 7927 JONES BRANCH DRIVE SOUTH WING FIRST FLOOR MCLEAN VA 22102
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3. Date Incorporated or Qualified 03/07/1985	
4. FEI Number 36-2169166	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
24 Country	29 Country
25	30

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
85 Zip Code

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

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	SITKOFF, THEODORE	
STREET ADDRESS	12910 CLEVELAND DRIVE	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	V	<input type="checkbox"/>
NAME	EDWARDS, HOWARD W.	
STREET ADDRESS	12341 COLERAINE CT	
CITY-ST-ZIP	RESTON VA	
TITLE	S	<input type="checkbox"/>
NAME	HOLLMAN, LAWRENCE D.	
STREET ADDRESS	6504 KENHILL RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	T	<input type="checkbox"/>
NAME	GREISINGER, GEORGE	
STREET ADDRESS	6460 OVERBROOK ST.	
CITY-ST-ZIP	FALLS CHURCH VA	
TITLE	D	<input type="checkbox"/>
NAME	LAPORTE, ROBERT JR	
STREET ADDRESS	6505 LYNWOOD PLACE	
CITY-ST-ZIP	BOALSBURG PA 16827	
TITLE	D	<input type="checkbox"/>
NAME	GORDON, DAVID	
STREET ADDRESS	3001 VEASEY TERRACE, N.W.	
CITY-ST-ZIP	WASHINGTON DC 20008	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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 E. Sitkoff* **D** Jan 14, 1998 703-734-8970

CRCE037 (10/97)