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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90088 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05228

1. Corporation Name
PUBLIC ADMINISTRATION SERVICE INC.

105368 - 90088 - 26

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/07/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 36-2169166 Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SITKOFF, THEODORE	
STREET ADDRESS	12910 CLEVELAND DRIVE	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EDWARDS, HOWARD W.	
STREET ADDRESS	12341 COLERAINE CT	
CITY-ST-ZIP	RESTON VA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOLLMAN, LAWRENCE D.	
STREET ADDRESS	6504 KENHILL RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREISINGER, GEORGE	
STREET ADDRESS	6460 OVERBROOK ST.	
CITY-ST-ZIP	FALLS CHURCH VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAPORTE, ROBERT JR	
STREET ADDRESS	6505 LYNWOOD PLACE	
CITY-ST-ZIP	BOALSBURG PA 16827	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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

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 checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	MAHMUD A BURNEY
6.4 CITY-ST-ZIP	5312 WESTPATH WAY, BETHESDA, MD 20816

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, with all other like empowered.

SIGNATURE: SITKOFF, THEODORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President Jan 7, 1999
Date Daytime Phone #

CR2E037 (11/98)