

200.00 1-26-95 B-460-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
 ANNUAL REPORT
 1995**



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

**FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS**

95 JAN 26 PM 3: 14

DOCUMENT # P29310 (0)

1. Corporation Name
GENERAL TECHNICAL SERVICES, INC.

Principal Place of Business Mailing Address
 8955 GUILFORD RD. SUITE 200 8955 GUILFORD RD. SUITE 200
 COLUMBIA MD 21048 COLUMBIA MD 21048

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/14/1990** 3a. Date of Last Report **03/11/1994**
 4. FEI Number **52-1355200** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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 Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
**GT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 01 Name
 02 Street Address (P.O. Box Number is Not Acceptable)
 03
 04 City **FL** 05 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PRINCE, ROBERT E.
STREET ADDRESS	8955 GUILFORD RD. #200
CITY-ST-ZIP	COLUMBIA MD
TITLE	S
NAME	BROWN, DIANE R
STREET ADDRESS	8955 GUILFORD RD #200
CITY-ST-ZIP	COLUMBIA MD
TITLE	V
NAME	FAUTH, WILLIAM L.
STREET ADDRESS	8955 GUILFORD RD. #200
CITY-ST-ZIP	COLUMBIA MD
TITLE	V
NAME	LAWSON, RICHARD S.
STREET ADDRESS	8955 GUILFORD RD. #200
CITY-ST-ZIP	COLUMBIA MD
TITLE	AT
NAME	BARTLETT, CRAIG T.
STREET ADDRESS	8955 GUILFORD RD.
CITY-ST-ZIP	COLUMBIA MD
TITLE	VT
NAME	SHAWVER, ROBERT F.
STREET ADDRESS	8955 GUILFORD RD. #200
CITY-ST-ZIP	COLUMBIA MD

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Craig T. Bartlett* **CRAIG T. BARTLETT** 1/16/95 410-312-5100
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR