

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P29310** (0)

1. Corporation Name  
**GENERAL TECHNICAL SERVICES, INC.**



Principal Place of Business: **8955 GUILFORD RD. SUITE 200 COLUMBIA MD 21046**  
Mailing Address: **8955 GUILFORD RD. SUITE 200 COLUMBIA MD 21046**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/14/1990</b>	3a. Date of Last Report <b>01/26/1995</b>
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number <b>52-1355200</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	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
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code <b>FL</b>

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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
I, \_\_\_\_\_, Registered Agent, sign as the president/secretary

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, ROBERT E.	1.2 NAME	
STREET ADDRESS	8955 GUILFORD RD. #200	1.3 STREET ADDRESS	
CITY, STATE	COLUMBIA MD	1.4 CITY, ST, ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DIANE R	2.2 NAME	
STREET ADDRESS	8955 GUILFORD RD #200	2.3 STREET ADDRESS	
CITY, ST, ZIP	COLUMBIA MD	2.4 CITY, ST, ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUTH, WILLIAM L.	3.2 NAME	
STREET ADDRESS	8955 GUILFORD RD. #200	3.3 STREET ADDRESS	
CITY, ST, ZIP	COLUMBIA MD	3.4 CITY, ST, ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWSON, RICHARD S.	4.2 NAME	
STREET ADDRESS	8955 GUILFORD RD. #200	4.3 STREET ADDRESS	
CITY, ST, ZIP	COLUMBIA MD	4.4 CITY, ST, ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLETT, CRAIG T.	5.2 NAME	
STREET ADDRESS	8955 GUILFORD RD.	5.3 STREET ADDRESS	
CITY, ST, ZIP	COLUMBIA MD	5.4 CITY, ST, ZIP	
TITLE	VT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAWVER, ROBERT F.	6.2 NAME	
STREET ADDRESS	8955 GUILFORD RD. #200	6.3 STREET ADDRESS	
CITY, ST, ZIP	COLUMBIA MD	6.4 CITY, ST, ZIP	

VP  
DIANE L. LEVISKI  
8955 GUILFORD RD #200  
COLUMBIA, MD 21046

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *Craig T. Bartlett* **CRAIG T. BARTLETT** 1/25/96 410-312-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type in Phone #)

CR2E034 (12/95)