


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10100 Old Columbia Road		2a. Mailing Address 26 10100 Old Columbia Road		3. Date Incorporated or Qualified 05/14/1990	3a. Date of Last Report 02/14/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 52-1355200	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 Columbia, MD		27 City & State 28 Columbia, MD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 21046		25 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 Zip 21046		30 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRINCE, ROBERT E.		1.2 NAME Prince, Robert E	
STREET ADDRESS 8955 GUILFORD RD. #200		1.3 STREET ADDRESS 10100 Old Columbia Rd	
CITY-ST-ZIP COLUMBIA MD		1.4 CITY-ST-ZIP Columbia, MD 21046	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, DIANE R		2.2 NAME Brown, Diane R	
STREET ADDRESS 8955 GUILFORD RD #200		2.3 STREET ADDRESS 10100 Old Columbia Rd	
CITY-ST-ZIP COLUMBIA MD		2.4 CITY-ST-ZIP Columbia, MD 21046	
TITLE V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FAUTH, WILLIAM L.		3.2 NAME Deiter, C. Paul	
STREET ADDRESS 8955 GUILFORD RD. #200		3.3 STREET ADDRESS 10100 Old Columbia Rd	
CITY-ST-ZIP COLUMBIA MD		3.4 CITY-ST-ZIP Columbia, MD 21046	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEVISKI, DIANE L.		4.2 NAME Len'ski, Diane L.	
STREET ADDRESS 8955 GUILFORD RD #200		4.3 STREET ADDRESS 10100 Old Columbia Rd	
CITY-ST-ZIP COLUMBIA MD		4.4 CITY-ST-ZIP Columbia, MD 21046	
TITLE AT	<input type="checkbox"/> DELETE	5.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTLETT, CRAIG T.		5.2 NAME Bartlett, Craig T.	
STREET ADDRESS 8955 GUILFORD RD.		5.3 STREET ADDRESS 10100 Old Columbia Rd	
CITY-ST-ZIP COLUMBIA MD		5.4 CITY-ST-ZIP Columbia, MD 21046	
TITLE VT	<input type="checkbox"/> DELETE	6.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHAWVER, ROBERT F.		6.2 NAME Shawver, Robert F.	
STREET ADDRESS 8955 GUILFORD RD. #200		6.3 STREET ADDRESS 10100 Old Columbia Rd	
CITY-ST-ZIP COLUMBIA MD		6.4 CITY-ST-ZIP Columbia, MD 21046	

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

SIGNATURE: _____

8/18/97

CR2E034 (4/97)