

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 08, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P29310

1. Corporation Name
GENERAL TECHNICAL SERVICES, INC.



Principal Place of Business Mailing Address
 10100 OLD COLUMBIA RD 10100 OLD COLUMBIA RD
 COLUMBIA MD 21046 COLUMBIA MD 21046
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/14/1990

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		52-1355200	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	29	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRINCE, ROBERT E.	1.2 NAME	DANIEL A. D'ANIELLO
STREET ADDRESS	10100 OLD COLUMBIA RD	1.3 STREET ADDRESS	1001 PENNSYLVANIA AVE NW
CITY-ST-ZIP	COLUMBIA MD	1.4 CITY-ST-ZIP	WASHINGTON, DC 20004-2505
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, DIANE R	2.2 NAME	EARIE C. WILLIAMS
STREET ADDRESS	10100 OLD COLUMBIA RD	2.3 STREET ADDRESS	715 POTDMAC KNOWLS DRIVE
CITY-ST-ZIP	COLUMBIA MD	2.4 CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELTE, PAUL C	3.2 NAME	J.A. BROTHERS
STREET ADDRESS	10100 OLD COLUMBIA RD	3.3 STREET ADDRESS	50 E. RIVER CENTER BLVD
CITY-ST-ZIP	COLUMBIA MD	3.4 CITY-ST-ZIP	COVINGTON, KY 41012-0391
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVISKI, DIANE L.	4.2 NAME	ADMIRAL JAMES D. WATKINS
STREET ADDRESS	10100 OLD COLUMBIA RD	4.3 STREET ADDRESS	1755 MASSACHUSETTS AVE, NW STE 800
CITY-ST-ZIP	COLUMBIA MD	4.4 CITY-ST-ZIP	WASHINGTON, DC 20036-2102
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTLETT, CRAIG T	5.2 NAME	GEORGE V. MCGOWAN
STREET ADDRESS	10100 OLD COLUMBIA RD	5.3 STREET ADDRESS	39 WEST LEXINGTON STREET
CITY-ST-ZIP	COLUMBIA MD	5.4 CITY-ST-ZIP	BALTIMORE, MD 21201
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAWVER, ROBERT F	6.2 NAME	DR. FRAN J. HARVEY
STREET ADDRESS	10100 OLD COLUMBIA RD	6.3 STREET ADDRESS	116 TWIN OAKS DRIVE
CITY-ST-ZIP	COLUMBIA MD	6.4 CITY-ST-ZIP	LOS GATOS, CA 95032-5650

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 607, 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: _____ Date: 3/3/99 Daytime Phone #: 416-312-5106

CR2E034 (11/98)