

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90094 018 ***550.00

DOCUMENT # P29310

1. Entity Name
GENERAL TECHNICAL SERVICES, INC.

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

Mailing Address
 10100 OLD COLUMBIA RD
 COLUMBIA MD 21046
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **52-1355200**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** may be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRINCE, ROBERT E.	
STREET ADDRESS	10100 OLD COLUMBIA RD	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, DIANE R	
STREET ADDRESS	10100 OLD COLUMBIA RD	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	V	<input type="checkbox"/> Delete
NAME	DELTETE, PAUL C	
STREET ADDRESS	10100 OLD COLUMBIA RD	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEVSKI, DIANE L.	
STREET ADDRESS	10100 OLD COLUMBIA RD	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARTLETT, CRAIG T	
STREET ADDRESS	10100 OLD COLUMBIA RD	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHAWVER, ROBERT F	
STREET ADDRESS	10100 OLD COLUMBIA RD	
CITY-ST-ZIP	COLUMBIA MD	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE RECORDED T. BARTLETT 7/11/00 40-312-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

07-25-2000