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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P32897** **(1)**

1. Corporation Name
CSC ARTEMIS INC.

Principal Place of Business	Mailing Address
2100 E. GRAND AVENUE STE. 300 EL SEGUNDO CA 90245 US	2100 E. GRAND AVENUE STE. 300 EL SEGUNDO CA 90245-5024 US

3. Date Incorporated or Qualified: 02/20/1991
3a. Date of Last Report: 03/15/1996

2. Principal Place of Business	2a. Mailing Address
21	26 2100 E. Grand Ave.
Suite Apt. # etc 22	Suite, Apt. #, etc. 27 A267
City & State 23	City & State 28 El Segundo, CA
Zip / Country 24 / 25	Zip / Country 29 90245 / 30 USA

4. FEI Number: 95-4000601 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KING, IRA E		1.2 NAME	
STREET ADDRESS	279 FARNBOROUGH ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPSHIRE UN		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FISK, HAYWARD D		2.2 NAME	
STREET ADDRESS	2100 E. GRAND AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA		2.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEVEL, LEON J		3.2 NAME	
STREET ADDRESS	2100 E. GRAND AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA		3.4 CITY-ST-ZIP	
TITLE	AT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, LARRY D		4.2 NAME	
STREET ADDRESS	2100 E. GRAND AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HONEYCUTT, VAN B		5.2 NAME	
STREET ADDRESS	2100 E. GRAND AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA		5.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, STEPHEN E		6.2 NAME	
STREET ADDRESS	2100 E. GRAND AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

(310) 615-0311

SIGNATURE: [signature] REQUIRED Larry D. Goodman/Asst. Treas. 01-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CSC ARTEMIS INC.
LIST OF ADDITIONALOFFICERs

OFFICERS:

Monica Dolan AT
3170 Fairview Park Drive, Falls Church, VA 22042