

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 3:33

DOCUMENT # P36470 (3)

1. Corporation Name
CSC INTELKOM, INC.

Principal Place of Business	Mailing Address
2100 E GRAND AVE TAX DEPT EL SEGUNDO CA 90245	2100 E GRAND AVE TAX DEPT EL SEGUNDO CA 90245

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/27/1991	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number 88-0275370		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

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	85

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 (if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDGORE, JOHN W.	1.2 NAME	Lawrence S. Barker
STREET ADDRESS	10 GREENTREE COURT	1.3 STREET ADDRESS	6707 Democracy Blvd.
CITY- ST- ZIP	BETHESDA MD	1.4 CITY- ST- ZIP	Bethesda, MD 20817
TITLE	VPSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIK, 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	VPTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVEL, LEON J.	3.2 NAME	
STREET ADDRESS	2100 E. GRAND AVENUE	3.3 STREET ADDRESS	
CITY- ST- ZIP	EL SEGUNDO CA	3.4 CITY- ST- ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, WILLIAM R.	4.2 NAME	
STREET ADDRESS	1 MORGAN LANE	4.3 STREET ADDRESS	
CITY- ST- ZIP	ROLLING HILLS CA	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONEYCUTT, VAN B.	5.2 NAME	
STREET ADDRESS	2845 VIA SEGOVIA	5.3 STREET ADDRESS	
CITY- ST- ZIP	PALOS VERDES EST CA	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVEL, LEON J.	6.2 NAME	
STREET ADDRESS	1505 VIA CASTILLA	6.3 STREET ADDRESS	
CITY- ST- ZIP	PALOS VERDES CA	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information applied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:  **Leon J. Level Vice President 3-30-95 310 615-0311**