

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 851619 (7)

1. Corporation Name

AMS OF DELAWARE, INC.

Principal Place of Business

Mailing Address

4050 LEGATO RD  
FAIRFAX VA 22033  
US

4050 LEGATO RD  
FAIRFAX VA 22033  
US



3. Date Incorporated or Qualified	3a. Date of Last Report
01/16/1982	05/01/1995
4. FEI Number	Applied For
54-0856778	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 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

Signature (Type or print name of registered agent and the corporation)

(If DE, Registered Agent signature required when reinstating)

(DA)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MALEK, FREDERIC V	
STREET ADDRESS	1259 CREST LN	
CITY-ST-ZIP	MCLEAN VA	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	MARSHALL, JAMES E	
STREET ADDRESS	8003 ASHBORO CT	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	GROSS, PATRICK W	
STREET ADDRESS	7401 GLENBROOK RD	
CITY-ST-ZIP	BETHESDA, MD 00000	
TITLE	STVD	<input type="checkbox"/> DELETE
NAME	NICOLAI, FRANK A	
STREET ADDRESS	12325 HATTON PT ROAD	
CITY-ST-ZIP	FT WASHINGTON, MD 00000	
TITLE	C	<input type="checkbox"/> DELETE
NAME	ROSSOTTI, CHARLES O	
STREET ADDRESS	3314 N STREET, N W	
CITY-ST-ZIP	WASHINGTON, D.C. 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GEUNTINI, PHILIP M	
STREET ADDRESS	9949 VALE RD	
CITY-ST-ZIP	VIENNA VA	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Philip M. Giuntini
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Frank A. Nicolai*

Frank A. Nicolai

7/24/96

(703) 267-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E034 (3/96)

4/9/96

## American Management Systems, Inc.

### Officers and Directors

Name	Title(s)	Home Address	Social Security Number
Charles O. Rossotti	Managing Director (Chairman)	3314 N Street, N.W. Washington, DC 20007	142-32-6545
Paul A Brands	Managing Director (Vice Chairman) and CEO	3245 Juniper Lane Falls Church, VA 22044	133-32-5366
Patrick W. Gross	Managing Director (Vice Chairman)	7401 Glenbrook Road Bethesda, MD 20014	336-36-6585
Philip M. Giuntini	Managing Director and President	9949 Vale Road Vienna, VA 22181	024-38-1807
Frank A. Nicolai	Managing Director, Secretary, Treasurer, and Exec. Vice President	12325 Hatton Point Road Ft. Washington, MD 20744	079-34-2340
Fred L. Forman	Exec. Vice President	11134 Tattersall Trail Oakton, VA 22124	217-40-6690
James E. Marshall	Asst. Secretary, Asst. Treasurer, Vice President, and Controller	8003 Ashboro Court Chevy Chase, MD 20815	271-38-8471
Daniel J. Altobello	Director	9727 Avenel Farm Drive Potomac, MD 20854	045-32-4392
James J. Forese	Director	1005 Canterbury Lane Villanova, PA 19085	211-28-0958
Dorothy Leonard-Barton	Director	7 Wainwright Road, #110 The Ledges Winchester, MA 01890	337-30-1701
W. Walker Lewis	Director	4 Launder Way Greenwich, CT 06830	295-42-4187
Frederic V. Malek	Director	1259 Crest Lane McLean, VA 22102	330-30-9060