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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(9)

DOCUMENT #
1. Corporation Name SYSTEMS TECHNOLOGY ASSOCIATES, INC.

SIGNATURE: SRINATURE AND TYPED ON PARTY

SYSTEMS TECHNOLOGY ASSOCIATES, INC.					
Principal Place of	Business	Mailing Address			
14 BRYANT CO STERLING VA		14 BRYANT COURT STERLING VA 20166			
				3. Date Incorporated or Qualified 05/24/1966	3a. Date of Last Report 05/01/1995
Principal Place	e of Business	28. Mailing Address 26		4. FEI Number 54-0802071	Applied For Not Applicab
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Dosired	\$8.75 Additional
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	S 5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30		No No
l	9. Name and Address of Curr			10. Name and Address of New F	Registered Agent
1200 SO	RPORATION SYSTEM LUTH PINE ISLAND ROAD FION FL 33324		81 Name 82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptat	FI 85 Zip Code
<ol> <li>Pursuant to or registered familiar with.</li> </ol>	the provisions of Sections 607.05 diagent, or both, in the State of Fle , and accept the obligations of, Se	502 and 607,1508, Florida Statu Iorida. Such change was authori ection 607,0505, Florida Statute	ites, the above-named corplized by the corporation's books.	oration submits this statement for the pu pard of directors. I hereby accept the app	rpose of changing his registered of pointment as registered agent. I an
GNATURE .	gnature, lyped or printed name of registered ag	gent and tito if applicable (N	40TE: Registered Agent signature requi	ired when renstaning	DATE
IGNATURE .	gnaturu, typed or printed name of registered ac OFFICERS A	gent and title if applicable (N AND DIRECTORS	VOTE: Registered Agent signature requi	ired when renstaning	FICERS AND DIRECTORS IN 12
IGNATURE S	gnature, typed or printed name of registered as OFFICERS A	gent and tito if applicable (N	40Th: Rogistered Agent signature requi	ired when renstaning	
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NAME OF SIGNING OFFICER OR DIRECTOR