

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **305412** (9)  
1. Corporation Name  
**SYSTEMS TECHNOLOGY ASSOCIATES, INC.**



Principal Place of Business  
**14 BRYANT COURT  
STERLING VA 20166**

Mailing Address  
**14 BRYANT COURT  
STERLING VA 20166**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/24/1966</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>54-0802071</b>	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST. PETER, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>22121 CREEKVIEW DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAITHERSBURG MD</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JANSO, JAMES D.</b>	2.2 NAME	
STREET ADDRESS	<b>4017 GYPSUM HILL ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>YAH MARKET VA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYERS, EDWARD P.</b>	3.2 NAME	
STREET ADDRESS	<b>117 NORTH PAYNE ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALEXANDRIA VA</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>C SCOTT, TERRY A.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>3348' Southgate Square</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Reston VA</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>REASLEY, CLYDE C.J.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1057 S 26th Rd.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>ARLINGTON VA</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>BARBARA BELL</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1612 Sadlers Wills Drive</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Hemdon VA 20172</b>

14. 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 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 change or on an attachment with an address.

SIGNATURE: *Barbara Bell* 4/22/98 (703) 471-8000

CR2E034 (10/97)