

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90249 017 ***150.00

DOCUMENT # 305412

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

3. Date Incorporated or Qualified
05/24/1966

4. FEI Number
54-0802071

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 14231 Willard Road

2a. Mailing Address
26 14231 Willard Road

Suite, Apt. #, etc.
22 Suite 300

Suite, Apt. #, etc.
27 Suite 300

City & State
23 Chantilly VA

City & State
28 Chantilly VA

Zip Country
24 20151 25 USA

Zip Country
29 20151 30 USA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ST. PETER, JOHN
STREET ADDRESS 22121 CREEKVIEW DR
CITY-ST-ZIP GAITHERSBURG MD

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE C ☐ DELETE
NAME SCOTT, TERRY A
STREET ADDRESS 2348 SOUTHGATE SQ
CITY-ST-ZIP RESTON VA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MYERS, EDWARD P.
STREET ADDRESS 117 NORTH PAYNE ST.
CITY-ST-ZIP ALEXANDRIA VA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HEASLEY, CLYDE C
STREET ADDRESS 1057 S 26TH RD
CITY-ST-ZIP ARLINGTON VA

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME CLYDE HEASLEY
4.3 STREET ADDRESS 1518 11th AVE W Apt 3
4.4 CITY-ST-ZIP Seattle WA 98119

TITLE ST ☐ DELETE
NAME BERG, BARBARA
STREET ADDRESS 1612 SADLERS WELLS DR
CITY-ST-ZIP HERNDON VA 20172

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BERG

4/20/99 (703) 818-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)