

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 305412**1. Entity Name  
SYSTEMS TECHNOLOGY ASSOCIATES, INC.

## Principal Place of Business

14231 WILLARD RD  
STE 300  
CHANTILLY  
20151

VA

US

## Mailing Address

14231 WILLARD RD  
STE 300  
CHANTILLY  
20151

VA

US

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

54-0802071

Applied For

Not Applicable

## 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROADPLANTATION  
33324

US

FL

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/18/2001

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
ST  
BERG BARBARA ☐ Delete  
STREET ADDRESS  
1612 SADLERS WELLS DR  
CITY-ST-ZIP  
HERNDON VA 20172TITLE  
NAME  
ST  
BERG BARBARA ☒ Change ☐ Addition  
STREET ADDRESS  
608 KENNON STREET  
CITY-ST-ZIP  
MIDDLETOWN RI 02842TITLE  
NAME  
D  
HEASLEY CLYDE C ☐ Delete  
STREET ADDRESS  
1518 11TH AVE W APT 3  
CITY-ST-ZIP  
SEATTLE WA 98119TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
D  
MYERS, EDWARD P. ☐ Delete  
STREET ADDRESS  
117 NORTH PAYNE ST.  
CITY-ST-ZIP  
ALEXANDRIA VATITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
C  
SCOTT TERRY A ☐ Delete  
STREET ADDRESS  
2348 SOUTHGATE SQ  
CITY-ST-ZIP  
RESTON VATITLE  
NAME  
C  
SCOTT TERRY A ☒ Change ☐ Addition  
STREET ADDRESS  
14231 WILLARD ROAD SUITE 300  
CITY-ST-ZIP  
CHANTILLY VA 20151TITLE  
NAME  
D  
ST. PETER JOHN ☐ Delete  
STREET ADDRESS  
22121 CREEKVIEW DR  
CITY-ST-ZIP  
GAITHERSBURG MDTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Barbara J. Berg

T/S

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)