

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **805955** (2)

1. Corporation Name
ITT FEDERAL SERVICES CORPORATION

Principal Place of Business
**1 GATEWAY PLAZA
COLORADO SPRINGS CO 80935**

Mailing Address
**4 WEST RED OAK LANE
C/O ITT INDUSTRIES, INC.
WHITE PLAINS NY 10604
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1945	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-1522888	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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		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
		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	P	1.1 TITLE	ASSISTANT SECRETARY
NAME	SPEARING, JOHN R	1.2 NAME	POGNER, BERT S.
STREET ADDRESS	1 GATEWAY PLZ 1330 INVERNESS DR	1.3 STREET ADDRESS	4 WEST RED OAK LANE
CITY-ST-ZIP	COL SPRINGS CO	1.4 CITY-ST-ZIP	WHITE PLAINS 10604
TITLE	VC	2.1 TITLE	
NAME	GRASSI, CIRO A	2.2 NAME	
STREET ADDRESS	1 GATEWAY PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	COL. SPRINGS CO	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	MULLIGAN, GEORGE M.	3.2 NAME	
STREET ADDRESS	1 GATEWAY PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	COL. SPRINGS CO	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	
NAME	EISNER, WILLIAM	4.2 NAME	
STREET ADDRESS	1 GATEWAY PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	COL. SPRINGS CO	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	AS
NAME	POWERS, R.W.	5.2 NAME	POWERS, R.W.
STREET ADDRESS	1330 AVE OF THE AMERICAS	5.3 STREET ADDRESS	4 WEST RED OAK LANE
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	WHITE PLAINS, NY 10604
TITLE	AT	6.1 TITLE	
NAME	HARRISON, JULIE C	6.2 NAME	
STREET ADDRESS	4 WEST RED OAK LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY 10604	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.

SIGNATURE _____

CR2E034 (10/97)