

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 818432

(7)

1. Corporation Name

THE MITRE CORPORATION



Principal Place of Business

Mailing Address

**BURLINGTON ROAD
BEDFORD MA 01730
US**

~~7525 OOLSHIRE DRIVE~~ **1820 OOLLEY MAISON BLVD**
2005 W727
MCLEAN VA 22102-3481
US

3. Date Incorporated or Qualified
01/18/1965

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 202 BURLINGTON RD.

26 1820 OOLLEY MAISON BLVD.

4. FEI Number

04-2239742

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 W727

City & State

City & State

23 BEDFORD, MA

28 MCLEAN, VA.

Zip

Country

Zip

Country

24 01730

25 U.S.A.

29 22102-3481

30 U.S.A.

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, 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** ☒ DELETE

NAME **HOROWITZ, BARRY M**
STREET ADDRESS **9900 WINDY HOLLOW ROAD**
CITY-ST-ZIP **GREAT FALLS VA 22066**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **EVP** ☐ DELETE

NAME **DEMARINES, VICTOR A**
STREET ADDRESS **5 HUNT ROAD**
CITY-ST-ZIP **WESTFORD MA 01886**

2.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **SRV** ☐ DELETE

NAME **FEARNSIDES, JOHN J**
STREET ADDRESS **1502 CHAIN BRIDGE CT.**
CITY-ST-ZIP **MCLEAN VA 22101**

3.1 TITLE **500001863055** ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **VT** ☒ DELETE

NAME **PAWLOWSKI, WALTER R**
STREET ADDRESS **43888 GROTTOS PL**
CITY-ST-ZIP **ASHBURN VA**

4.1 TITLE **SRV** ☒ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE **V** ☒ DELETE

NAME **DELIO, RALPH**
STREET ADDRESS **275 POPE ROAD**
CITY-ST-ZIP **CONCORD MA 01742**

5.1 TITLE **FRAGA, MARTIN C.** ☒ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE **SVPC** ☐ DELETE

NAME **MYERS, LARRY F**
STREET ADDRESS **507 BEAUREGARD DR.**
CITY-ST-ZIP **LEESBURG VA 22075**

6.1 TITLE **GLASNER, SOL** ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Larry F. Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(703) 883-6857

Date

Daytime Phone #

CR2E037 (12/95)

5/1/92

THE MITRE CORPORATION

BOARD OF TRUSTEES

BUSINESS ADDRESSES

Dr. James R. Schlesinger
Lehman Brothers
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President and Chief Executive Officer
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*Mr. Robert R. Everett
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