## FILE NOW: FILING FEE IS \$61.25

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SIGNATURE:

## Apr 14 1998 8:00am \*NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name 818432 (7) THE MITRE CORPORATION Principal Place of Business Mailing Address 202 BURLINGTON RD. 1820 DOLLY MADISON BLVD. 3. Date Incorporated or Qualified BEDFORD MA 01730 01/18/1965 MCLEAN VA 22102-3481 4. FEI Number Applied For 04-2239742 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired П 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? No. Yes 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD 83 PLANTATION FL 33324 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE Change Addition TITLE 1.1 TITLE BRANSCOMB, LEWIS M., DR. NAME 1.2 NAME C/O HARVARD UNIV., 79 KENNEDY ST. STREET ADDRESS 1.3 STREET ADDRESS CAMBRIDGE MA 02138 CITY-ST-ZW 1.4 CITY-ST-ZIP Addition DELETE 2.1 TITLE Change DEMARINES, VICTOR A NAME 2.2 NAME **5 HUNT ROAD** STREET ADDRESS 2.3 STREET ADDRESS **WESTFORD MA 01886** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE FEARNSIDES, JOHN J NAME 3.2 NAME 1502 CHAIN BRIDGE CT. STREET ADDRESS 3.3 STREET ADDRESS MCLEAN VA 22101 CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE VP (NOT TUTS Change Addition TITLE 4.1 TITLE шь FAGA, MARTIN C. 4 2 NAME 3188 JUNIPER LANE STREET ADDRESS 4.3 STREET ADDRESS **FALLS CHURCH VA 22044** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE GLASNER, SOL 5.2 NAME 2320 ASHBORO DR. STREET ADDRESS 5.3 STREET ADDRESS **CHEVY CHASE MA 20815** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition MARE MYERS, LARRY F (CFO) 6.2 NAME 507 BEAUREGARD DR. STREET ADDRESS 6.3 STREET ADDRESS LEESBURG VA 22075 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filting 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 suppliemental 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:

**FILED** 

(703) 883 - 5934

## MITRE

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FEIN: 04-2239742

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	Director	Cambridge, MA 02138	EXPIRES 9/99
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	Policy Program	(	l
	John F. Kennedy School of Government		İ
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<sup>•</sup> Chairman of the Board