

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

FILED

Feb 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **823954** (3)

1. Corporation Name  
**PRC PUBLIC SECTOR, INC.**

Principal Place of Business

**1500 PRC DRIVE  
MCLEAN VA 22102  
US**

Mailing Address

**1500 PRC DR  
MCLEAN VA 22102  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/13/1970</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>52-0822945</b>	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				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

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. #105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETERNICK, JULIETTE</b>	1.2 NAME	
STREET ADDRESS	<b>1500 PRC DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MCLEAN VA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECKA, JOHN A</b>	2.2 NAME	
STREET ADDRESS	<b>1500 PRD DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MCLEAN VA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAUNER, LINDA M</b>	3.2 NAME	
STREET ADDRESS	<b>1500 PRC DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MCLEAN VA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRONW, MICHAEL</b>	4.2 NAME	<b>MICHAEL BROWN</b>
STREET ADDRESS	<b>21240 BURBANK BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOODLAND HILLS CA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANG, RUDOLPH E JR</b>	5.2 NAME	
STREET ADDRESS	<b>21240 BURBANK AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOODLAND HILLS CA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DS</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, JEANNETTE M</b>	6.2 NAME	
STREET ADDRESS	<b>21240 BURBANK BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOODLAND HILLS CA</b>	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:

*Michael Brown* **STEVEN J. MURPHY, ASST. TOL. 2/13/98 703-556-1952**

CR2E034 (10/97)