FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **829020** **(7)**

1. Corporation Name
MANAGEMENT AND TECHNICAL SERVICES COMPANY

Principal Place of Business	Mailing Address
6801 ROCKLEDGE DRIVE BETHESDA MD 20817 US	6801 ROCKLEDGE DRIVE BETHESDA MD 20817 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/15/1972**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **95-2758734** ☐ Applied For ☐ Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	D	☒ Change ☐ Addition
NAME	DORGAN, W A	12 NAME		
STREET ADDRESS	6801 ROCKLEDGE DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD	14 CITY-ST-ZIP		
TITLE	PCD	21 TITLE	C/D	☒ Change ☐ Addition
NAME	TIEKEN, R W	22 NAME		
STREET ADDRESS	6801 ROCKLEDGE DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	D	☒ Change ☐ Addition
NAME	CAPODICI, S C	32 NAME		
STREET ADDRESS	6801 ROCKLEDGE DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA FL	34 CITY-ST-ZIP		
TITLE	V	41 TITLE	P	☒ Change ☐ Addition
NAME	BURMEISTER, T G	42 NAME	M. A. Smith	
STREET ADDRESS	6801 ROCKLEDGE DRIVE	43 STREET ADDRESS	6801 Rockledge Drive	
CITY-ST-ZIP	BETHESDA MD	44 CITY-ST-ZIP	Bethesda, MD 20817	
TITLE	T	51 TITLE	V/S/D	☒ Change ☐ Addition
NAME	BURKHARDT, G.K.	52 NAME	W. B. Lytton	
STREET ADDRESS	6801 ROCKLEDGE DRIVE	53 STREET ADDRESS	6801 Rockledge Drive	
CITY-ST-ZIP	BETHESDA MD	54 CITY-ST-ZIP	Bethesda, MD 20817	
TITLE	S	61 TITLE	V/D/T	☒ Change ☐ Addition
NAME	BIRD, T.G.	62 NAME	J. V. N. Crane	
STREET ADDRESS	6801 ROCKLEDGE DRIVE	63 STREET ADDRESS	6801 Rockledge Drive	
CITY-ST-ZIP	BETHESDA MD	64 CITY-ST-ZIP	Bethesda, MD 20817	

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)(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: J. V. N. Crane **J. V. Crane** **4/27/95** **301-897-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Vice President** Date Daytime Phone #

0474740 FP