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FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 832401

(4)

1. Corporation Name

PRC INC. OF DELAWARE

Principal Place of Business

1500 PRC DRIVE
MCLEAN VA 22102
US

Mailing Address

1500 PRC DRIVE
MS 4N2
MCLEAN VA 22102-9002
US

3. Date Incorporated or Qualified

05/23/1974

3a. Date of Last Report

05/01/1996

4. FEI Number

95-1783392

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
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

TITLE	D	<input type="checkbox"/> DELETE
NAME	RUDOLPH E. LANG, JR.	
STREET ADDRESS	21240 BURBANK BLVD	
CITY - ST - ZIP	WOODLAND HILLS CA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JOHN E PRESTON	
STREET ADDRESS	21240 BURBANK BLVD	
CITY - ST - ZIP	WOODLAND HILLS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEANETTE M. THOMAS	
STREET ADDRESS	21240 BURBANK BLVD	
CITY - ST - ZIP	WOODLAND HILLS CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TIMOTHY G. PAULSON	
STREET ADDRESS	21240 BURBANK BLVD	
CITY - ST - ZIP	WOODLAND HILLS CA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HOOVER, WILLIAM C.	
STREET ADDRESS	1500 PRC DRIVE	
CITY - ST - ZIP	MCLEAN VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	POMATA, LEONARD M
5.3 STREET ADDRESS	1500 PRC DR
5.4 CITY - ST - ZIP	MCLEAN, VA
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John A. Becka 2/6/97 703-556-1148

CR2E034 (9/96)