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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90014 019 ***150.00

DOCUMENT 1. Corporation Name	# 832401

PRC INC. OF DELAWARE

Principal Place of Business Mailing Address		((BBIB) (B(B) (I)) a (II) a giair agrar (in) a	#11 #1#11 #1#11 #1#11 #) (0 (1			
Principal Place of Business Mailing Address							
1500 PRC DRIVI		1500 PRC DRIVE					
MCLEAN VA 22	102	MS 4N2			DO NOT WRITE IN T	UIC CDACE	
US		MCLEAN VA 22102				HIS SPACE	
		US			3. Date Incorporated or Qualifed		ļ
					05/23/1974		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
	add or Bookings	26			95-1783392	No	ot Applicable
21	<u> </u>	Suite, Apt. #, etc.	_		33 17000E		Additional
Suite, Apt.	#, etc.				5. Certifcate of Status Desired	•	equired
22		27					
City & State	e	City & State			6. Election Campaign Financing	\$5.00	· .
23		28		Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year	r Intangible	1
24	25	29 30	1		Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Curren		1		10. Name and Address of New Registe	red Agent	
	5. Italie and Address of Curren	r registered regul	8	Name			
DDC	NTICE-HALL CORPORATION SYS	TEM INC	ľ	Nume			
l		TEM, INC.	82	2 Street	Address (P.O. Box Number is Not Acceptable)		
110	NORTH MAGNOLIA STREET				·		
TALL	AHASSEE FL 32301		8:	3	•		
			84	City	 	FL 85 Zip (Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	/e-named	corporation submits this statement for the purpos oration's board of directors. I hereby accept the a	e of changing its	registereu j aistered i
office or re	egistered agent, or both, in the State i m familiar with, and accept the obligat	or Florida. Such change was auti- tions of Section 607.0505. Florida	onzed b Statute	y ine comp S.	oradion's board of directors. Thereby accept the a	ppointmont do re	giotoita
	m jarimai war, ara accept are esign						
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTF: Re	aistered Aa	ent signature	required when reinstating) DAT	E	
40		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	DRS IN 12
12.		Ø DELETE	1,1 TITLE		AT "	☐ Change	X Addition
TITLE	D	E DECE IE					
NAME	RUDOLPH E. LANG, JR.		1.2 NAME		STEPHEN IS MURCHARE		
STREET ADDRESS	21240BURBANK BLVD		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	WOODLAND HILLS CA		1.4 CITY-	ST-ZIP	MCLEAN, VA 22/02		
TITLE	DS	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
							Î
NAME	JOHN E PRESTON		2.2 NAME				,
STREET ADDRESS	21240 BURBANK BLVD		2.3 STRE	ET ADDRESS			1
CITY-ST-ZIP	WOODLAND HILLS CA		2. 4 CITY	ST-ZIP	<u> </u>		
TITLE	D	☐ DELETE	31 TITLE			Change	☐ Addition
NAME	JEANETTE M. THOMAS		3.2 NAME				
STREET ADDRESS	21240 BURBANK BLVD			ET ADDRESS			
CITY-ST-ZIP	WOODLAND HILLS CA		3.4. CITY	-ST-ZIP			
TITLE	Τ	☐ OELETE	4.1 TITLE			Change	☐ Addition
NAME	TIMOTHY G. PAULSON		4. 2 NAM	=			
STREET ADDRESS	21240 BURBANK BLVD		43 STRE	ET ADDRESS			
CITY-ST-ZIP	WOODLAND HILLS CA	į	4.4 CITY-			☐ Change	Addition
TITLE	l P		- 4 TITLE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME		☐ DELETE	5,1 TITLE				1
	POMATA, LEONARD M	☐ DELETE	5.2 NAME				
STREET ADDRESS		☐ DELETE	5.2 NAME				
	POMATA, LEONARD M 1500 PRC DR	☐ DELETE	5.2 NAME	ET ADDRESS			
CITY-ST-ZIP	POMATA, LEONARD M 1500 PRC DR MCLEAN VA		5.2 NAME 5.3 STRE	ET ADDRESS ST-ZIP	VP	☐ Change	⊠ Addition
CITY-ST-ZIP TITLE	POMATA, LEONARD M 1500 PRC DR	☐ DELETE	5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE	ET ADDRESS ST-ZIP	VP	☐ Change	⊠ Addition
CITY-ST-ZIP	POMATA, LEONARD M 1500 PRC DR MCLEAN VA		5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP	VP JOHN A. BECKA	☐ Change	<u></u> Addition
CITY-ST-ZIP TITLE	POMATA, LEONARD M 1500 PRC DR MCLEAN VA		5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP	VP JOHN A. BECKA	☐ Change	⊠ Addition

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, with all other like empowered.

SIGNATURE:

STEPHEN SMURCHARE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. TROPSULE

16/99 703-556-195

Daytime Phone #

CRZE034 (11/98)