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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 837858 (0)

1. Corporation Name

LOGICON EAGLE TECHNOLOGY, INC.



Principal Place of Business

2100 WASHINGTON BLVD.
ARLINGTON VA 22204
US

Mailing Address

3701 SKYPARK DRIVE
3701 SKYPARK DR.
TORRANCE CA 90505
US

3. Date Incorporated or Qualified
02/16/1977

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 P
NAME HARVEY, JAMES
STREET ADDRESS 2100 WASHINGTON BLVD.
CITY - ST - ZIP ARLINGTON VA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VSD
NAME MITCHELL, E. BENJAMIN JR
STREET ADDRESS 3701 SKYPARK DR.
CITY - ST - ZIP TORRANCE CA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE V
NAME HUDAK, CARL M.
STREET ADDRESS 2100 WASHINGTON BLVD.
CITY - ST - ZIP ARLINGTON, VA 0

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE VD
NAME WEBSTER, RALPH L.
STREET ADDRESS 3701 SKYPARK DR.
CITY - ST - ZIP TORRANCE CA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D
NAME WOODHULL, JOHN R.
STREET ADDRESS 3701 SKYPARK DR.
CITY - ST - ZIP TORRANCE CA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE V
NAME BALLARD, JAMES D
STREET ADDRESS 2100 WASHINGTON BLVD.
CITY - ST - ZIP ARLINGTON VA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(k), 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 address.

SIGNATURE:

Ralph L. Webster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH L. WEBSTER

4/24/96

(310) 373-0220

Date Daytime Phone

CR2E034 (12/95)