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FILED

May 05 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 # 841743 (8)
1. Corporation Name
LOGICON, INC.



Principal Place of Business
3701 SKYPARK DRIVE
TORRANCE CA 90506

Mailing Address
3701 SKYPARK DRIVE
TORRANCE CA 90505-4714

3. Date Incorporated or Qualified
10/31/1978

3a. Date of Last Report
05/01/1996

4. FEI Number
95-2126773

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.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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

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	PD	<input type="checkbox"/> DELETE
NAME	WOODHULL, JOHN R	
STREET ADDRESS	3701 SKYPARK DR	
CITY - ST - ZIP	TORRANCE CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEBSTER, RALPH L.	
STREET ADDRESS	3701 SKYPARK DR	
CITY - ST - ZIP	TORRANCE CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DALTON, JAMES E.	
STREET ADDRESS	6053 W. CENTURY BLVD	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARTWICK, R. DEAN	
STREET ADDRESS	3701 SKYPARK DR	
CITY - ST - ZIP	TORRANCE, CA 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BERMUDEZ, GEORGE E	
STREET ADDRESS	3701 SKYPARK DR	
CITY - ST - ZIP	TORRANCE CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MITCHELL, E. BENJAMIN JR	
STREET ADDRESS	3701 SKYPARK DR	
CITY - ST - ZIP	TORRANCE, CA 00000	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* George E. Bermudez / Treasurer 4-24-97 (310) 373-0220

CR2E034 (9/96)