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

FILED
1995 JUL 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 844823 (5)

1. Corporation Name
SHL SYSTEMHOUSE CORP.

Principal Place of Business	Mailing Address
1010 N GLEBE ROAD ARLINGTON VA 22201	1010 N GLEBE ROAD ARLINGTON VA 22201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1979
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business
21 1768 Business Center Court
22 Suite, Apt. #, etc.: 2nd Floor
23 City & State: Reston, Virginia
24 Zip: 22090
25 Country: USA

2a. Mailing Address
26 50 O'Connor Street
27 Suite, Apt. #, etc.: Suite 501
28 City & State: Ottawa, Ontario
29 Zip: K1P 6L2
30 Country: Canada

4. FEI Number: 54-1091238 ☐ 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
(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	11 TITLE	Execu. V-P & CFO & Director	☐ Change ☒ Addition
NAME	OLTMAN, JOHN R	12 NAME	William W. Linton	
STREET ADDRESS	50 O'CONNOR ST S1616	13 STREET ADDRESS	202-145 King Street West	
CITY ST ZIP	OTTAWA ON	14 CITY ST ZIP	Toronto, Ontario M5H 1J8	
TITLE	~~CFO~~	21 TITLE	Sr. V-P, Human Resources & Admin.	☐ Change ☒ Addition
NAME	~~DAMP, PAUL~~	22 NAME	Douglas A. Furnagalli	
STREET ADDRESS	~~50 O'CONNOR STREET~~	23 STREET ADDRESS	2500-300 South Wacker Drive	
CITY ST ZIP	~~CANADA KI~~	24 CITY ST ZIP	Chicago, IL 60606	
TITLE	~~VP~~	31 TITLE	V-P, Corporate	☐ Change ☒ Addition
NAME	~~CRONIN, ROBERT~~	32 NAME	Thomas Cronin	
STREET ADDRESS	~~50 O'CONNOR STREET SUITE 1010~~	33 STREET ADDRESS	202-145 King Street West	
CITY ST ZIP	~~ONTARIO CA~~	34 CITY ST ZIP	Toronto, Ontario M5H 1J8	
TITLE	S	41 TITLE	US Controller	☐ Change ☒ Addition
NAME	EATON, SCOTT M	42 NAME	Chris Slattery	
STREET ADDRESS	50 O'CONNOR ST S1616	43 STREET ADDRESS	1001-1355 Noel Road	
CITY ST ZIP	OTTAWA ON	44 CITY ST ZIP	Dallas, TX 75240	
TITLE	GCAS	51 TITLE	Director	☐ Change ☒ Addition
NAME	BOFINGER, CHARLENE	52 NAME	Richard Beatty	
STREET ADDRESS	1010 N. GLEBE ROAD SUITE 200	53 STREET ADDRESS	12750 Center Court Drive	
CITY ST ZIP	ARLINGTON VA	54 CITY ST ZIP	Cerritos, CA 90703	
TITLE	~~C~~	61 TITLE	Director	☐ Change ☒ Addition
NAME	~~ROTH, RICHARD~~	62 NAME	Dennis Maloney	
STREET ADDRESS	~~1010 N. GLEBE ROAD, SUITE 200~~	63 STREET ADDRESS	202-145 King Street West	
CITY ST ZIP	~~ARLINGTON VA~~	64 CITY ST ZIP	Toronto, Ontario M5H 1J8	

14. I 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: _____ Sr. V-P, Legal 7/27/95 236-1428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0397007 FF