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

APPROVED AND FILED

95 APR 27 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 849087 (2)

1. Corporation Name
SYSCON CORPORATION

Principal Place of Business	Mailing Address
8110 GATEHOUSE ROAD FALLS CHURCH VA 22042-1212	8110 GATEHOUSE ROAD FALLS CHURCH VA 22042-1212

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1981
3a. Date of Last Report: 08/11/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26: 3701 Skypark Drive
Suite, Apt. #, etc.
27: 200
City & State
28: Torrance, CA
Zip
29: 90505
County
30: 4794

4. FEI Number: 52-0848039 ☐ 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

7. 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	CEO/DIRECTOR ☒ Change ☐ Addition
NAME	BRUGGEMAN, TERRANCE J.	1.2 NAME	JOHN R. WOODHILL
STREET ADDRESS	1000 THOMAS JEFFERSON ST. NW	1.3 STREET ADDRESS	3701 Skypark Dr.
CITY-ST-ZIP	WASHINGTON DC	1.4 CITY-ST-ZIP	Torrance, CA 90505
TITLE	P	2.1 TITLE	☒ Change ☐ Addition
NAME	ERICSON, NILS	2.2 NAME	8110
STREET ADDRESS	1000 THOMAS JEFFERSON ST	2.3 STREET ADDRESS	Gatehouse Rd
CITY-ST-ZIP	WASHINGTON DC	2.4 CITY-ST-ZIP	Fall Church VA 22042
TITLE	T	3.1 TITLE	☒ Change ☐ Addition
NAME	VAN SLEEN, KATHLEEN H.	3.2 NAME	VP/DIRECTOR
STREET ADDRESS	1000 THOMAS JEFFERSON ST	3.3 STREET ADDRESS	RALPH L WEBSTER
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	3701 Skypark Dr Torrance, CA 90505
TITLE	D	4.1 TITLE	☐ Change ☒ Addition
NAME	GRADE, JEFFERY T	4.2 NAME	S/D
STREET ADDRESS	13400 BISHOPS LN	4.3 STREET ADDRESS	F. BENJAMIN MITCHELL JR.
CITY-ST-ZIP	BROOKFIELD WI	4.4 CITY-ST-ZIP	3701 Skypark Dr. Torrance, CA 90505
TITLE	CFOS	5.1 TITLE	☒ Change ☐ Addition
NAME	BELL, MARSHA M.	5.2 NAME	
STREET ADDRESS	1000 THOMAS JEFFERSON ST	5.3 STREET ADDRESS	8110 Gatehouse Rd.
CITY-ST-ZIP	BROOKFIELD WI	5.4 CITY-ST-ZIP	Fall Church VA 22042
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	CORBY, FRANCIS M	6.2 NAME	D
STREET ADDRESS	13400 BISHOPS LN	6.3 STREET ADDRESS	R. DEAN HARTWICK
CITY-ST-ZIP	BROOKFIELD WI	6.4 CITY-ST-ZIP	3701 Skypark Dr. Torrance, CA 90505

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)(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: Ralph L. Webster VP/DIRECTOR 4/20/95 (310) 373-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ralph L. Webster

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