

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 849087 (2)

1. Corporation Name
LOGICON SYSCON, INC.

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

Mailing Address
3701 SKYPARK DR
SUITE 200
TORRANCE CA 90505
US

FILED
May 13 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/08/1981

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 CDEO ☐ DELETE

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

TITLE P ☐ DELETE

NAME ERICSON, NILS
STREET ADDRESS 8110 GATEHOUSE RD
CITY-ST-ZIP FALL CHURCH VA

TITLE VPD ☐ DELETE

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

TITLE VSD ☐ DELETE

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

TITLE V ☐ DELETE

NAME MARCANTONIO, PALMER A
STREET ADDRESS 8110 GATEHOUSE RD
CITY-ST-ZIP FALLS CHURCH VA

TITLE T ☒ DELETE

NAME BERMUDEZ, GEROGE E
STREET ADDRESS 3701 SKYPARK DR
CITY-ST-ZIP TORRANCE CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V
Benneth, Michael D.
8110 Gatehouse Road
Falls Church, VA

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.

CR2E034 (10/97)