

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **856930** (3)
1. Corporation Name
TELOS CORPORATION



Principal Place of Business: **3420 OCEAN PARK BLVD SANTA MONICA CA 90405**
Mailing Address: **460 HERNDON PARKWAY HERNDON VA 22070 US**

3. Date Incorporated or Qualified: **06/28/1983**
3a. Date of Last Report: **07/05/1995**
4. FEI Number: **95-2596107**
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, 22, 23
2a. Mailing Address: 26, 27, 28
24. Zip: 25, 29
Country: 30

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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

| | | |
|----------------|-----------------------------------|--|
| TITLE | VPT | <input type="checkbox"/> DELETE |
| NAME | TELLEZ, LORENZO | |
| STREET ADDRESS | 460 HERNDON PKWY | |
| CITY-ST-ZIP | HERNDON VA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BENINATI, JOSEPH P. | |
| STREET ADDRESS | 460 HERNDON PARKWAY | |
| CITY-ST-ZIP | HERNDON VA | |
| TITLE | VPS | <input type="checkbox"/> DELETE |
| NAME | BROWNLEY, WILLIAM L. P. | |
| STREET ADDRESS | 460 HERNDON PARKWAY | |
| CITY-ST-ZIP | HERNDON VA | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | MORGAN, TOM | |
| STREET ADDRESS | 460 HERNDON PARKWAY | |
| CITY-ST-ZIP | HERNDON VA | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | HESTER, MARK | |
| STREET ADDRESS | 530 W. 1500 SOUTH | |
| CITY-ST-ZIP | WOODS CROSS UT | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | KNAPP, KEITH | |
| STREET ADDRESS | 37981 ATOKA CHASE LANE | |
| CITY-ST-ZIP | MIDDLEBURG VA | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------|--|
| 1.1 TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | GERALD CALHOUN | |
| 1.3 STREET ADDRESS | 460 HERNDON PARKWAY | |
| 1.4 CITY-ST-ZIP | HERNDON, VA 22070 | |
| 2.1 TITLE | CEO/DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | JOHN B. WOOD | |
| 2.3 STREET ADDRESS | 460 HERNDON PARKWAY | |
| 2.4 CITY-ST-ZIP | HERNDON, VA 22070 | |
| 3.1 TITLE | VICE PRESIDENT | <input checked="" 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 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 an address.

SIGNATURE: _____ Date: **4/26/96** Daytime Phone #: **(703) 471-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)