

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 09 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 # **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
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 19886 ASHBURN ROAD Suite, Apt. #, etc.		2a. Mailing Address 26 19886 ASHBURN ROAD Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/28/1983	3a. Date of Last Report 05/01/1996
22 City & State 23 ASHBURN, VA		27 City & State 28 ASHBURN, VA		4. FEI Number 95-2596107	Applied For Not Applicable
24 Zip 20147-2358	25 Country LOUDOUN	29 Zip 20147-2358	30 Country LOUDOUN	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				7. \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12'	
TITLE	VPT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELLEZ, LORENZO	1.2 NAME	
STREET ADDRESS	460 HERNDON PKWY	1.3 STREET ADDRESS	19886 ASHBURN ROAD
CITY-ST-ZIP	HERNDON VA	1.4 CITY-ST-ZIP	ASHBURN, VA 20147-2358
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENINATI, JOSEPH P.	2.2 NAME	JOHN WOOD
STREET ADDRESS	460 HERNDON PARKWAY	2.3 STREET ADDRESS	19886 ASHBURN ROAD
CITY-ST-ZIP	HERNDON VA	2.4 CITY-ST-ZIP	ASHBURN, VA 20147-2358
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNLEY, WILLIAM L. P.	3.2 NAME	
STREET ADDRESS	460 HERNDON PARKWAY	3.3 STREET ADDRESS	19886 ASHBURN ROAD
CITY-ST-ZIP	HERNDON VA	3.4 CITY-ST-ZIP	ASHBURN, VA 20147-2358
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, TOM	4.2 NAME	
STREET ADDRESS	460 HERNDON PARKWAY	4.3 STREET ADDRESS	19886 ASHBURN ROAD
CITY-ST-ZIP	HERNDON VA	4.4 CITY-ST-ZIP	ASHBURN, VA 20147-2358
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HESTER, MARK	5.2 NAME	DAN SURUKI
STREET ADDRESS	530 W. 1500 SOUTH	5.3 STREET ADDRESS	19886 ASHBURN ROAD
CITY-ST-ZIP	WOODS CROSS UT	5.4 CITY-ST-ZIP	ASHBURN, VA 20147-2358
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALHOUN, GERALD	6.2 NAME	
STREET ADDRESS	460 HERNDON PARKWAY	6.3 STREET ADDRESS	19886 ASHBURN ROAD
CITY-ST-ZIP	HERNDON VA	6.4 CITY-ST-ZIP	ASHBURN, VA 20147-2358

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 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **6/28/97**

CR2034 (4/97)