

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 <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **856930**

(3)

1. Corporation Name

**TELOS CORPORATION**

Principal Place of Business

**3420 OCEAN PARK BLVD  
SANTA MONICA CA 90405**

Mailing Address

**480 HERNDON PARKWAY  
HERNDON VA 22070  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/28/1983</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>95-2596107</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

2. Principal Place of Business

**21 19886 ASHBURN ROAD**

Suite, Apt. #, etc.

**22**

City & State

**23 ASHBURN, VA**

Zip

**24 20147-2358**

Country

**25 LOUDOUN**

2a. Mailing Address

**26 19886 ASHBURN ROAD**

Suite, Apt. #, etc.

**27**

City & State

**28 ASHBURN, VA**

Zip

**29 20147-2358**

Country

**30 LOUDOUN**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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 **VPT** ☐ DELETE

NAME **TELLEZ, LORENZO**  
STREET ADDRESS **480 HERNDON PKWY**  
CITY-ST-ZIP **HERNDON VA**

TITLE **D** ☒ DELETE

NAME **BENINATI, JOSEPH P.**  
STREET ADDRESS **480 HERNDON PARKWAY**  
CITY-ST-ZIP **HERNDON VA**

TITLE **VP** ☐ DELETE

NAME **BROWNLEY, WILLIAM L. P.**  
STREET ADDRESS **480 HERNDON PARKWAY**  
CITY-ST-ZIP **HERNDON VA**

TITLE **VP** ☐ DELETE

NAME **MORGAN, TOM**  
STREET ADDRESS **480 HERNDON PARKWAY**  
CITY-ST-ZIP **HERNDON VA**

TITLE **VP** ☐ DELETE

NAME **HESTER, MARK**  
STREET ADDRESS **530 W. 1500 SOUTH**  
CITY-ST-ZIP **WOODS CROSS UT**

TITLE **S** ☐ DELETE

NAME **CALHOUN, GERALD**  
STREET ADDRESS **480 HERNDON PARKWAY**  
CITY-ST-ZIP **HERNDON VA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **19886 ASHBURN ROAD**  
1.4 CITY-ST-ZIP **ASHBURN, VA 20147-2358**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **PRESIDENT/CEO**  
2.3 STREET ADDRESS **JOHN WOOD**  
2.4 CITY-ST-ZIP **19886 ASHBURN ROAD**  
**ASHBURN, VA 20147-2358**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS **19886 ASHBURN ROAD**  
3.4 CITY-ST-ZIP **ASHBURN, VA 20147-2358**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS **19886 ASHBURN ROAD**  
4.4 CITY-ST-ZIP **ASHBURN, VA 20147-2358**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **ASSISTANT SECRETARY**  
5.3 STREET ADDRESS **DAN SURUKI**  
5.4 CITY-ST-ZIP **19886 ASHBURN ROAD**  
**ASHBURN, VA 20147-2358**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS **19886 ASHBURN ROAD**  
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

CR2ED34 (4/97)