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

STREET ADDRESS

CITY-ST-ZIP

ASHBURN VA

FILED May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # 856930 (3) **TELOS CORPORATION** Principal Place of Business Mailing Address 3420 OCEAN PARK BLVD 19886 ASHBURN RD **ASHBURN VA 20147-2358** ASHBURN VA 22070 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/28/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 19886 ASHBURN ROAD 21 19886 ASHBURN ROAD 95-2596107 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing ASHBURN, VA ASHBURN, VA 23 Trust Fund Contribution 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 20147-2358 USA 20147-2358 25 USA Yes ☐ No 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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 protoct name of registered agent and title diapplicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition Change TITLE 1.1 THLE TELLEZ, LORENZO NAME 1.2 NAME 19886 ASHBURN RD STREET ADDRESS 1.3 STREET ADDRESS **ASHBURN VA** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE PCEO 21 TITLE Addition WOOD, JOHN 2.2 NAME NAME 19886 ASHBURN RD STREET ADDRESS 2.3 STREET ADDRESS **ASHBURN** VA CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE BROWNLEY, WILLIAM L. P. NAME 32 NAME 19886 ASHBURN RD STREET ADDRESS 3.3 STREET ADDRESS ASHBURN VA CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition MORGAN, TOM NAME 4 2 NAME 19886 ASHBURN RD STREET ADDRESS 4.3 STREET ADDRESS **ASHBURN VA** CATY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Channe TITLE 5.1 TITLE SURUKI, DAN NAME 5.2 NAME 19886 ASHBURN RD STREET ADDRESS 5.3 STREET ADDRESS ASHBURN VA CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 HILF CALHOUN, GERALD NAME 6.2 NAME 19886 ASHBURN RD

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 trusted 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 attriciment with an address