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 # F93000000746 (8)

1. Corporation Name
LOGICON GEODYNAMICS, INC.

Principal Place of Business	Mailing Address
6053 W CENTURY BLVD LOS ANGLES CA 90045 US	3701 SKYPARK DRIVE TORRANCE CA 90505 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/09/1993

2. Principal Place of Business		2a. Mailing Address		4. FEI Number **95-2502865**	Applied For
21		26			Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **CD** NAME **WOODHULL, JOHN R.** STREET ADDRESS **3701 SKYPARK DR.** CITY-ST-ZIP **TORRANCE CA**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **VCD** NAME **WEBSTER, RALPH L.** STREET ADDRESS **3701 SKYPARK DR.** CITY-ST-ZIP **TORRANCE CA**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **VSD** NAME **MITCHELL, BENJAMIN E. JR** STREET ADDRESS **3701 SKYPARK DR** CITY-ST-ZIP **TORANCE CA**	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **P** NAME **DALTON, JAMES E.** STREET ADDRESS **6053 W. CENTURY BLVD.** CITY-ST-ZIP **LOS ANGELES CA**	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **V** NAME **HENRIKSON, PAUL J** STREET ADDRESS **6053 W CENTURY BLVD** CITY-ST-ZIP **LOS ANGELES CA**	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **T** NAME **BERMUDEZ, GEORGE E** STREET ADDRESS **3701 SKYPARK DRIVE** CITY-ST-ZIP **TORRANCE CA**	☒ DELETE	6.1 TITLE **V** 6.2 NAME **Jacobsen, A. Donald** 6.3 STREET ADDRESS **21171 Western Ave.** 6.4 CITY-ST-ZIP **Torrance, CA 90501**		☐ Change ☒ Addition

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.

SIGNATURE _____

Ralph L. Webster (310) 3730220

CR2E034 (10/97)