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PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT # F9300003876 (0)

Corporation Name	
DIGITAL SYSTEM RESOURCES	INC

Principal Place of Business Mailing Address 12450 FAIR LAKES CIRCLE 12450 FAIR LAKES CIRCLE SHITE 500 SUITE 500 FAIRFAX VA 22033 FAIRFAX VA 22033 3. Date Incorporated or Qualified 3a. Date of Last Report 03/23/1995 08/23/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 54-1347398 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Ant. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country Zφ Country Zio Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) CEGALA, DARREN 63 12461 RESEARCH PKWY., STE. 400 ORLANDO FL 32826 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE (NOTE: Registered Age t suprature required when recistating) Signature, byted or printed name of regetered agent and title if application (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition CHAIRMAN OF BOARD DELETE Change 1.1 TILE TITLE WILLIAM N. CARRELL CR2E034 MISCHLER, E. A 12450 FAIR LAKES CIRCLE, SUITE FOR 12450 FAIR LAKES CIRCLE, SUITE 500 STREET ADDRESS FAIRFAX VA FAIRPAX, VA 22033 1.4 CHY - S1 - ZIP CITY - ST - ZIP ☐ Change ☐ Addition DELETE 2 1 TIFLE TIFLE GINDER, SAMUEL 2.2 NAME NAM: 12450 FAIR LAKES CIRCLE 2.3 STREET ADDRESS STREET ADDRESS FAIRFAX VA 22033 2 4 CITY - ST - ZIP CITY - S1 - 7P Change Addition 3 1 7/11 DELETE TITLE 3.2 NAME WELLS, EARL NAME 12450 FAIR LAKES CIRCLE 3.3 STREET ADDRESS STREET ADDRESS FAIRFAX VA 22033 3.4 CHY-ST-ZIP CITY-ST-ZIP Addition ☐ Channe DELETE 4 1 filt E TITLE CARROLL, RICHARD W 4.2 NAME NAME 12450 FAIR LAKES CIRCLE 4.3 STREET ADDRESS STREET ADDRESS 4 4 CHY-ST-7IF FAIRFAX VA 22033 CITY-ST-ZIP Addition Change DELETE 5 1 1016 TITLE 5.2 NAME MURRAY, DAVID W NAME 12450 FAIR LAKES CIRCLE 5.3 STREET ADDRESS STREET ADDRESS FAIRFAX VA 22033 5.4 CHY-S1-Z0F CITY - ST - ZIP ☐ Addition Change □ DELETE 6 1 TILE n TITLE HARVEL, KERMIT 6.2 NAME NAME 12450 FAIR LAKES CIRCLE 6.3 STREET ADDRESS STREET ADDRESS 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 directly 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 granged, or on an attackment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 (703) 263-2800