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FILED
May 16 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 # F93000003876 (0)

1. Corporation Name
DIGITAL SYSTEM RESOURCES, INC.

Principal Place of Business
12450 FAIR LAKES CIRCLE
SUITE 500
FAIRFAX VA 22033

Mailing Address
12450 FAIR LAKES CIRCLE
SUITE 500
FAIRFAX VA 22033-3837



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1993		3a. Date of Last Report 04/17/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 54-1347398		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CEGALA, DARREN
IBM
12461 RESEARCH PKWY., STE. 400
ORLANDO FL 32826

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	CFO	1.1 TITLE	DIRECTOR
NAME	MISCHLER, E. A.	1.2 NAME	C. JOSEPH MARTIN
STREET ADDRESS	12450 FAIR LAKES CIRCLE, SUITE 500	1.3 STREET ADDRESS	12450 FAIR LAKES CIRCLE, SUITE 500
CITY-ST-ZIP	FAIRFAX VA	1.4 CITY-ST-ZIP	FAIRFAX, VA 22033
TITLE	D	2.1 TITLE	DIRECTOR
NAME	GINDER, SAMUEL	2.2 NAME	BERNARD M. KAUDERER
STREET ADDRESS	12450 FAIR LAKES CIRCLE	2.3 STREET ADDRESS	12450 FAIR LAKES CIRCLE, SUITE 500
CITY-ST-ZIP	FAIRFAX VA 22033	2.4 CITY-ST-ZIP	FAIRFAX, VA 22033
TITLE	C	3.1 TITLE	
NAME	CARROLL, WILLIAM N.	3.2 NAME	
STREET ADDRESS	12450 FAIR LAKES CIRCLE SUITE 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	3.4 CITY-ST-ZIP	
TITLE	PST	4.1 TITLE	
NAME	CARROLL, RICHARD W	4.2 NAME	
STREET ADDRESS	12450 FAIR LAKES CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22033	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	MURRAY, DAVID W	5.2 NAME	
STREET ADDRESS	12450 FAIR LAKES CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22033	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HARVEL, KERMIT	6.2 NAME	
STREET ADDRESS	12450 FAIR LAKES CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	6.4 CITY-ST-ZIP	

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: E. ALAN MISCHLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

703-263-2800

Date

4/28/97

Daytime Phone

0008900

CR2E034 (9/96)