FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # F93000004325 (7)

1. Corporation Name
UNIVERSAL SYSTEMS & TECHNOLOGY, INC. OF VIRGINIA

APPROVED AND FILED
95 MAR -7 AM 11:27
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1000 WILSON BLVD., SUITE 2650 ARLINGTON VA 22209	1000 WILSON BLVD., SUITE 2650 ARLINGTON VA 22209

3. Date Incorporated (Prior Year): 09/24/1993
3a. Date Current Report: 05/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 52-1556292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHITMORE, KEN 1300 MAJESTIC OAK DRIVE APOPKA FL 32712	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT	1.1 TITLE	☐ Change ☐ Addition
NAME	STAFFORD, EARL W	1.2 NAME	
STREET ADDRESS	7803 SUFFOLK COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22310	1.4 CITY-ST-ZIP	
TITLE	VC	2.1 TITLE	☐ Change ☐ Addition
NAME	NORMAN, JOAN	2.2 NAME	
STREET ADDRESS	609 OGDEN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MT. HOLLY NJ 08060	2.4 CITY-ST-ZIP	
TITLE	DVPS	3.1 TITLE	☐ Change ☐ Addition
NAME	BALTHROP, SHARON P	3.2 NAME	
STREET ADDRESS	12621 WYCKLOW DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON VA 22024	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BELFORD, PETER C	4.2 NAME	
STREET ADDRESS	8312 TURNBERRY COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	Chief Financial Officer ☐ Change ☒ Addition
NAME		5.2 NAME	B. Gottlieb, A. Michael
STREET ADDRESS		5.3 STREET ADDRESS	270 Chelmsford Ct.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sterling, VA 20165
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: A. Michael Gottlieb 1/10/95 703-243-7600
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0307000 FP