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Feb 11 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 # F93000004325 (7)

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



Principal Place of Business
12450 FAIR LAKES CIR
SUITE 625
FAIRFAX VA 22033
US

Mailing Address
12450 FAIR LAKES CIR
SUITE 625
FAIRFAX VA 22033-3810
US

3. Date Incorporated or Qualified
09/24/1993

3a. Date of Last Report
03/19/1996

2. Principal Place of Business

2a. Mailing Address

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

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 CPT
NAME STAFFORD, EARL W
STREET ADDRESS 7803 SUFFOLK COURT
CITY-ST-ZIP ALEXANDRIA VA 22310

1.1 TITLE VP
1.2 NAME Whitmore, Kenneth N.
1.3 STREET ADDRESS 1300 Majestic Oak Dr.
1.4 CITY-ST-ZIP Apopka, FL 32712

TITLE VC
NAME NORMAN, JOAN
STREET ADDRESS 609 OGDEN DRIVE
CITY-ST-ZIP MT. HOLLY NJ 08060

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DVPS
NAME BALTHROP, SHARON P
STREET ADDRESS 12821 WYCKLOW DRIVE
CITY-ST-ZIP CLIFTON VA 22024

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME BELFORD, PETER C
STREET ADDRESS 8312 TURNBERRY COURT
CITY-ST-ZIP POTOMAC MD 20854

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE CFO
NAME GOTTLIEB, A. M
STREET ADDRESS 270 CHELMSFORD COURT
CITY-ST-ZIP STERLING VA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE COO
NAME RAMBLER, MITCHELL B
STREET ADDRESS 11005 COLONIAL GREEN CT.
CITY-ST-ZIP N POTOMAC MD

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 a true and correct copy of the same.

SIGNATURE: *A. Michael Gottlieb* A MICHAEL GOTTLIEB
Chief Financial Officer

1/2/97 703-502-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000290

CR2E034 (9/96)