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May 13 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 # **F93000005359 (5)**

1. Corporation Name
NOVADYNE COMPUTER SYSTEMS, INC.

Principal Place of Business	Mailing Address
11490 COMMERCE PARK DR. #400 ATTN: TAX DEPT. RESTON VA 20191-1532 US	11490 COMMERCE PARK DR. #400 ATTN: TAX DEPT. RESTON VA 20191-1532 US

3. Date Incorporated or Qualified: **11/24/1993**
3a. Date of Last Report: **07/24/1996**

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 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **33-0585979** ☐ 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
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST, STE 105 SUITE 105 TALLAHASSEE FL 32301	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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	☒ DELETE	1.1 TITLE	CHIEF FINANCIAL OFFICER TREASURER	☐ Change ☒ Addition
NAME	KINTSCH, HANS J		1.2 NAME	Rodney B. Buck	
STREET ADDRESS	17771 COWAN		1.3 STREET ADDRESS	11490 Commerce Park Dr. #400	
CITY-ST-ZIP	IRVINE CA		1.4 CITY-ST-ZIP	Reston, VA 20191-1532	
TITLE	VP	☒ DELETE	2.1 TITLE	SECRETARY, DIRECTOR, CORPORATE COUNSEL	☐ Change ☒ Addition
NAME	KINTSCH, HANS J		2.2 NAME	HELENE STEWART	
STREET ADDRESS	1700 E ST ANDREW PL		2.3 STREET ADDRESS	11490 COMMERCE PARK DR. #400	
CITY-ST-ZIP	SANTA ANA CA		2.4 CITY-ST-ZIP	RESTON VA 20191-1532	
TITLE		☐ DELETE	3.1 TITLE	EXECUTIVE VICE PRESIDENT	☐ Change ☒ Addition
NAME			3.2 NAME	ROBERT E. MARGGRAF	
STREET ADDRESS			3.3 STREET ADDRESS	11490 COMMERCE PARK DR. #400	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	RESTON VA 20191-1532	
TITLE		☐ DELETE	4.1 TITLE	DIRECTOR, PRESIDENT, CEO	☐ Change ☒ Addition
NAME			4.2 NAME	ROBERT B. LAURENCE	
STREET ADDRESS			4.3 STREET ADDRESS	11490 COMMERCE PARK DR, #400	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	RESTON, VA 20191-1532	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ 5/12/97 (714) 345-9456