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FILED

May 08 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 # F94000001287 (1)

1. Corporation Name  
INTEGRATED SYSTEMS ANALYSTS, INC.

Principal Place of Business  
2800 SHIRLINGTON ROAD  
SUITE 1100  
ARLINGTON VA 22206

Mailing Address  
2800 SHIRLINGTON ROAD  
SUITE 1100  
ARLINGTON VA 22206-3801



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

3. Date Incorporated or Qualified

03/14/1994

3a. Date of Last Report

04/24/1996

4. FEI Number

54-1156422

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 CP  
NAME GOODEN, C. MICHAEL  
STREET ADDRESS 2800 SHIRLINGTON ROAD, STE. 1100  
CITY- ST- ZIP ARLINGTON VA 22206

1.1 TITLE Change Addition

TITLE VS  
NAME THORELL, C. SCOTT  
STREET ADDRESS 2800 SHIRLINGTON ROAD, STE. 1100  
CITY- ST- ZIP ARLINGTON VA 22206

1.2 NAME Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

1.3 STREET ADDRESS Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

1.4 CITY- ST- ZIP Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

2.1 TITLE Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

2.2 NAME Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

2.3 STREET ADDRESS Change Addition

2.4 CITY- ST- ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME Change Addition

3.3 STREET ADDRESS Change Addition

3.4 CITY- ST- ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME Change Addition

4.3 STREET ADDRESS Change Addition

4.4 CITY- ST- ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME Change Addition

5.3 STREET ADDRESS Change Addition

5.4 CITY- ST- ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME Change Addition

6.3 STREET ADDRESS Change Addition

6.4 CITY- ST- ZIP Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

4/25/97 (703) 824-0700

CR2E034 (9/96)