

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000005647 (2)

1. Corporation Name

INFORMATION TECHNOLOGY SOLUTIONS, INC.

Principal Place of Business

2 EATON STREET  
SUITE 908  
HAMPTON VA 23669

Mailing Address

2 EATON STREET  
SUITE 908  
HAMPTON VA 23669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1994

4. FEI Number

54-1416374

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME P  
ELLISON, HENRY L  
STREET ADDRESS 47 CHOWNING DRIVE  
CITY-ST-ZIP HAMPTON VA 23664

TITLE ☒ DELETE

NAME S  
ELLISON, THERESA  
STREET ADDRESS 47 CHOWNING DRIVE  
CITY-ST-ZIP HAMPTON VA 23664

TITLE ☒ DELETE

NAME V  
DEBASTIANI, RICHARD  
STREET ADDRESS 13118 APPLGROVE LANE  
CITY-ST-ZIP HERNDON VA 22071

TITLE ☒ DELETE

NAME CFO  
ANDERSON, CARL B  
STREET ADDRESS 312 INDIAN AVENUE  
CITY-ST-ZIP VIRGINIA BEACH VA 23451

TITLE ☒ DELETE

NAME V  
ARNOLD, WALLACE  
STREET ADDRESS 4100 CHESAPEAKE AVE  
CITY-ST-ZIP HAMPTON VA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME Thomas C. Robinson  
1.3 STREET ADDRESS 2100 East Grand Avenue  
1.4 CITY-ST-ZIP El Segundo, CA 90245

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME Ralph E. Baker, Jr.  
2.3 STREET ADDRESS 2100 East Grand Avenue  
2.4 CITY-ST-ZIP El Segundo, CA 90245

3.1 TITLE Secretary ☐ Change ☒ Addition

3.2 NAME Haywood D. Fisk  
3.3 STREET ADDRESS 2100 East Grand Avenue  
3.4 CITY-ST-ZIP El Segundo, CA 90245

4.1 TITLE Treasurer ☐ Change ☒ Addition

4.2 NAME Leon Level  
4.3 STREET ADDRESS 2100 East Grand Avenue  
4.4 CITY-ST-ZIP El Segundo, CA 90245

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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

1 MAY 98 703 826 1506

CR2E034 (10/97)