

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000005989 (8)

1. Corporation Name

LOGICON TECHNICAL SERVICES, INC.



Principal Place of Business

Mailing Address

3701 SKYPARK ROAD  
222 W 6TH ST  
SAN PEDRO CA 90731  
US

3701 SKYPARK DRIVE  
SUITE 200  
TORRANCE CA 90505  
US

3. Date Incorporated or Qualified

11/21/1994

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 6053 W. Century Blvd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27 City & State

23 Los Angeles, CA

28

Zip

Country

Zip

Country

24 90045

25

USA

29

30

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

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

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE  
NAME BENSON, FREDERICK W  
STREET ADDRESS 10116 36TH AVE SW SUITE 205  
CITY-ST-ZIP TACOMA WA

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V ☐ DELETE  
NAME GERMROTH, JOHN J  
STREET ADDRESS 222 W 6TH ST  
CITY-ST-ZIP SAN PEDRO CA

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

☒ Change ☐ Addition

6053 W. Century Blvd.  
Los Angeles, CA 90045

TITLE VSD ☐ DELETE  
NAME MITCHELL, E. BENJAMIN JR.  
STREET ADDRESS 3701 SKYPARK DRIVE, SUITE 200  
CITY-ST-ZIP TORRANCE CA

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

☐ Change ☐ Addition

TITLE P ☐ DELETE  
NAME WATTENBERG, ROBERT E  
STREET ADDRESS 222 W 6TH ST  
CITY-ST-ZIP SAN PEDRO CA

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

☒ Change ☐ Addition

6053 W. Century Blvd.,  
Los Angeles, CA 90045

TITLE VD ☐ DELETE  
NAME WEBSTER, RALPH L  
STREET ADDRESS 3701 SKYPARK DRIVE, SUITE 200  
CITY-ST-ZIP TORRANCE CA

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

☐ Change ☐ Addition

TITLE CEO ☐ DELETE  
NAME WOODHULL, JOHN R  
STREET ADDRESS 3701 SKYPARK DRIVE, SUITE 200  
CITY-ST-ZIP TORRANCE CA 90505

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

*Ralph L. Webster*

RALPH L. WEBSTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

(310) 373-0220

Date

Daytime Phone #

CR2E034 (12/95)