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May 05 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 # **F94000005989 (8)**

1. Corporation Name  
**LOGICON TECHNICAL SERVICES, INC.**



Principal Place of Business

**6053 W. CENTURY BLVD.  
222 W 6TH ST  
LOS ANGELES CA 90045  
US**

Mailing Address

**3701 SKYPARK DRIVE  
SUITE 200  
TORRANCE CA 90505-4794  
US**

3. Date Incorporated or Qualified  
**11/21/1994**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

**21 6053 W. Century Blvd.**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 3701 Skypark Drive**  
Suite, Apt. #, etc.  
**27 Suite 200**

4. FEI Number

**95-3498136**

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

City & State

**23 Los Angeles, CA**

City & State

**28 Torrance, CA**

Zip

**24 90045**

Country

**25 USA**

Zip

**29 90505**

Country

**30 USA**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE  
NAME **BENSON, FREDERICK W**  
STREET ADDRESS **10116 38TH AVE SW SUITE 205**  
CITY-ST-ZIP **TACOMA WA**

TITLE **V** ☐ DELETE  
NAME **GERMROTH, JOHN J**  
STREET ADDRESS **6053 W. CENTURY BLVD.**  
CITY-ST-ZIP **LOS ANGELES CA**

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

TITLE **P** ☐ DELETE  
NAME **WATTENBERG, ROBERT E**  
STREET ADDRESS **6053 W. CENTURY BLVD.**  
CITY-ST-ZIP **LOS ANGELES CA**

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **3620 "A" 96th Street**  
1.4 CITY-ST-ZIP **Tacoma, WA 98499**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **Bermudez, George E.**  
2.3 STREET ADDRESS **3701 Skypark Drive**  
2.4 CITY-ST-ZIP **Torrance, CA**

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

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

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 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: **George E. Bermudez** (Treasurer) **4-24-97** (310) 373-0220

CR2E034 (9/96)