

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000002531 (0)

1. Corporation Name

BTG TECHNOLOGY SYSTEMS, INC.

Principal Place of Business

Mailing Address

1945 OLD GALLOWES ROAD
VIENNA VA 22182

1945 OLD GALLOWES ROAD
VIENNA VA 22182-3831

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3877 Fairfax Ridge Road		26 3877 Fairfax Ridge Road		05/24/1995		09/26/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		54-1194316		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Fairfax, Virginia		28 Fairfax, Virginia		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 22030-7448		25 USA		29 22030-7448		30 USA	
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 Corporation Service Company			
				82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
				83			
				84 City Tallahassee			
				FL 85 Zip Code 32301			
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: <i>Patricia P. P. P.</i> (NOTE: Registered Agent signature required when reinstating) DATE: 4/30/97							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input checked="" type="checkbox"/> DELETE				1.1 TITLE CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME BERSOFF, EDWARD H				1.2 NAME BERSOFF, EDWARD H.			
STREET ADDRESS 1945 OLD GALLOWES ROAD				1.3 STREET ADDRESS 3877 FAIRFAX RIDGE ROAD			
CITY-ST-ZIP VIENNA VA 22182				1.4 CITY-ST-ZIP FAIRFAX, VA 22030-7448			
TITLE VS <input checked="" type="checkbox"/> DELETE				2.1 TITLE SV/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME BERSOFF, MARILYNN D				2.2 NAME BERSOFF, MARILYNN D.			
STREET ADDRESS 1945 OLD GALLOWES ROAD				2.3 STREET ADDRESS 3877 FAIRFAX RIDGE ROAD			
CITY-ST-ZIP VIENNA VA 22182				2.4 CITY-ST-ZIP FAIRFAX, VA 22030-7448			
TITLE V <input checked="" type="checkbox"/> DELETE				3.1 TITLE P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME HUGHES, JOHN M				3.2 NAME NIXON, C. THOMAS			
STREET ADDRESS 1945 OLD GALLOWES ROAD				3.3 STREET ADDRESS 3877 FAIRFAX RIDGE ROAD			
CITY-ST-ZIP VIENNA VA 22182				3.4 CITY-ST-ZIP FAIRFAX, VA 22030-7448			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME				4.2 NAME BINTZLER, JULIE M.			
STREET ADDRESS				4.3 STREET ADDRESS 3877 FAIRFAX RIDGE ROAD			
CITY-ST-ZIP				4.4 CITY-ST-ZIP FAIRFAX, VA 22030-7448			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Marilynn D. Bersoff* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Marilynn D. Bersoff, Secretary 4/28/97 703-383-6516

CR2E034 (9/96)