

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90044 009 ***150.00

DOCUMENT # **F95000002531**

1. Corporation Name

BTG TECHNOLOGY SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3877 FAIRFAX RIDGE ROAD FAIRFAX VA 22030-7448		Mailing Address 3877 FAIRFAX RIDGE ROAD #4830 FAIRFAX VA 22030-7448 US	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Zip	
Country		Country	
24		29	
25		30	
3. Date Incorporated or Qualified		4. FEI Number	
05/24/1995		54-1194316	
5. Certificate of Status Desired		Applied For	
<input type="checkbox"/>		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		\$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	PCD	1.1 TITLE	P/CEO/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERSOFF, EDWARD H	1.2 NAME	BERSOFF, EDWARD H		
STREET ADDRESS	3877 FAIRFAX RIDGE ROAD	1.3 STREET ADDRESS			
CITY-ST-ZIP	FAIRFAX VA 22030-7448	1.4 CITY-ST-ZIP			
TITLE	SVSD	2.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERSOFF, MARILYNN D	2.2 NAME	BERSOFF, MARILYNN D		
STREET ADDRESS	3877 FAIRFAX RIDGE ROAD	2.3 STREET ADDRESS			
CITY-ST-ZIP	FAIRFAX VA 22030-7448	2.4 CITY-ST-ZIP			
TITLE	T	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BINTZLER, JULIE M	3.2 NAME			
STREET ADDRESS	3877 FAIRFAX RIDGE ROAD	3.3 STREET ADDRESS			
CITY-ST-ZIP	FAIRFAX VA 22030-7448	3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Marilynn D. Bersoff* Marilynn D. Bersoff 4/19/99 (703) 383-6516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)