2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State
09-05-2001 90005 020 ***550.00

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DOCUMENT # F95000003037

1. Entity Name
GRC INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1900 GALLOWS RD VIENNA VA 22182	1900 GALLOWS RD VIENNA VA 22182

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 95-2131929 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB WRIGHT, JOSEPH R JR 1900 GALLOWS RD VIENNA VA 22182	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO MICHAEL G. STOLARIK 1900 GALLOWS RD VIENNA, VA 22182	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO DENMAN, GARY L 1900 GALLOWS RD VIENNA VA 22182	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPDF TIMOTHY C. HALSEY 1900 GALLOWS RD VIENNA, VA 22182	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS MC CABE, THOMAS E 1900 GALLOWS RD VIENNA VA 22182	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GCS HERBERT L. RAICHE 1900 GALLOWS RD VIENNA, VA 22182	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC COHEN, PETER A 1900 GALLOWS RD VIENNA VA 22182	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DISHAROON, LESLIE B 1900 GALLOWS RD VIENNA VA 22182	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUELL, CHARLES H.P. 1900 GALLOWS RD VIENNA VA 22182	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/01)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] TIMOTHY HALSEY 8/27/01 703 506 5140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #