FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2002 8:00 am DOCUMENT # F95000003037 **Secretary of State** 1. Entity Name 02-01-2002 90031 006 ***150.00 GRC INTERNATIONAL INC. Principal Place of Business Mailing Address 1900 GALLOWS RD 1900 GALLOWS RD VIENNA VA 22182: VIENNA VA 22182 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 95-2131929 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 -JALLAHASSEE FL 32301 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PCFO ILC, PAUL Delete CR2E034 (9/01) PCEO . Addition TITLE TITLE STOLARIK, MICHAEL G NAME NAME 1900 CALLOWS ROAD STREET ADDRESS 1900 GALLOWS RD STREET ADDRESS VIENNA, VA CITY-ST-ZIP VIENNA VA 22182 CITY-ST-ZIP 22187 VPDF ... Addition TITLE ☐ Delete TITLE Change HALSEY, TIMOTHY C NAME NAME STREET ADDRESS 1900 GALLOWS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VIENNA VA 22182 Delete TITLE Addition VPS: NAME NAME RAICHE, HERBERT L STREET ADDRESS 1900 GALLOWS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VIENNA VA 22182 . V. C.F. TITLE TITLE Change Addition ☐ Delete 强度"Vi WEELL NAME NAME 刊的 64 色光的 据 STREET ADDRESS STREET ADDRESS STOLDINK, MICHURI G CITY-ST-ZIP CITY-ST-7IP かしとし TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE:

changed, or on an attachment with an address

with all other like empowered