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FILED

May 15 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 # F95000003196 (1)

1. Corporation Name  
SRA TECHNOLOGIES, INC.

Principal Place of Business

SUITE 600 WEST  
8110 GATEHOUSE ROAD  
FALLS CHURCH VA 22042

Mailing Address

SUITE 600 WEST  
8110 GATEHOUSE ROAD  
FALLS CHURCH VA 22042-1210

3. Date Incorporated or Qualified  
07/03/1995

3a. Date of Last Report  
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

52-1035033

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

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	PD	<input type="checkbox"/> DELETE
NAME	HODSON, JAMES B	
STREET ADDRESS	2278 COMPASS POINT LN	
CITY-ST-ZIP	RESTON VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GLASS, LAWRENCE I	
STREET ADDRESS	7410 PINEY BRANCH LANE	
CITY-ST-ZIP	TAKOMA PARK MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HUTCHISON, JAMES H	
STREET ADDRESS	7540 NEWBERRY LANE	
CITY-ST-ZIP	LANHAM MD 20708	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HELLMAN, ALFRED	
STREET ADDRESS	24211 PEACHTREE ROAD	
CITY-ST-ZIP	CLARKSBURG MD 20871	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOLDER, BARNES E JR	
STREET ADDRESS	9326 GRAZING TERRACE	
CITY-ST-ZIP	GAITHERSBURG MD 20879	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COBB, TIMOTHY S	
STREET ADDRESS	115 DEBORAH DRIVE	
CITY-ST-ZIP	WYOMISSING PA 19010	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: JAMES H. HUTCHISON, VICE PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

Date

(703) 205-8500

Daytime Phone #

0008907

CR2E034 (9/96)