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Jan 29 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 # F95000005039 (1)

1. Corporation Name  
CSC INTELICOM, INC.

Principal Place of Business  
6707 DEMOCRACY BLVD., STE. 1000  
BETHESDA MD 20817

Mailing Address  
6707 DEMOCRACY BLVD., STE. 1000  
BETHESDA MD 20817-1129



3. Date Incorporated or Qualified  
10/17/1995

3a. Date of Last Report  
02/07/1996

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address  
26 2100 E. Grand Ave., A267  
27 Suite, Apt. #, etc.  
28 City & State  
29 E1 Segundo, CA  
30 Zip Country  
90245 USA

4. FEI Number  
16-1259665

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

7. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARKER, LAWRENCE S			1.2 NAME	Brian Connolly		
STREET ADDRESS	6707 DEMOCRACY BLVD., STE. 1000			1.3 STREET ADDRESS	6707 Democracy Blvd., Ste. 1000		
CITY-ST-ZIP	BETHESDA MD 20817			1.4 CITY-ST-ZIP	Bethesda, MD 20817		
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISK, HAYWARD D			2.2 NAME			
STREET ADDRESS	1527 STONE CANYON ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	BEL AIR CA 90077			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARKUS, LAWRENCE			3.2 NAME			
STREET ADDRESS	301 2ND AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MANHATTAN BEACH CA 90266			3.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVEL, LEON J			4.2 NAME			
STREET ADDRESS	1505 VIA CASTILLA			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALOS VERDES CA			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HONEYCUTT, VAN B			5.2 NAME			
STREET ADDRESS	2845 VIA SEGOMIA			5.3 STREET ADDRESS			
CITY-ST-ZIP	PALOS VERDES ESTATES CA 90274			5.4 CITY-ST-ZIP			
TITLE	CFO	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	CFO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HAGGERTY, KEVIN			6.2 NAME	Don DeBuck		
STREET ADDRESS	6707 DEMOCRACY BLVD., STE. 1000			6.3 STREET ADDRESS	6707 Democracy Blvd., Ste. 1000		
CITY-ST-ZIP	BETHESDA MD 20817			6.4 CITY-ST-ZIP	Bethesda, MD 20817		

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.

(310) 615-0311

SIGNATURE: \_\_\_\_\_

Larry D. Goodman/Asst. Treasurer

01-24-97

DATE DAYTIME PHONE

CR2E034 (9/96)

**CSC INTELICOM, INC.**  
**LIST OF ADDITIONAL OFFICERS**

**OFFICERS:**

H. Ward Classen AS  
6707 Democracy Blvd., Ste. 1000, Bethesda, MD 20817

Denis M. Crane AS  
2100 E. Grand Ave., El Segundo, CA 90245

Larry D. Goodman AT  
2100 E. Grand Ave., El Segundo, CA 90245

Thomas R. Irvin AT  
2100 E. Grand Ave., El Segundo, CA 90245