

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 26 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 # F96000004642 (2)

1. Corporation Name

DIGITAL SYSTEMS RESEARCH, INC. OF VIRGINIA

Principal Place of Business

4301 N. FAIRFAX DR. SUITE 725  
ARLINGTON VA 22203

Mailing Address

4301 N. FAIRFAX DR. SUITE 725  
ARLINGTON VA 22203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1996

3a. Date of Last Report

4. FEI Number

54-1462136

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 CP  
NAME WOODS, WILLIE E  
STREET ADDRESS 4301 N. FAIRFAX DR, SUITE 725  
CITY-ST-ZIP ARLINGTON VA 22203

TITLE CEO  
NAME WOODS, WILLIE E  
STREET ADDRESS 4301 N. FAIRFAX DR, SUITE 725  
CITY-ST-ZIP ARLINGTON VA 22203

TITLE V  
NAME SCHUHL, JAMES C  
STREET ADDRESS 4301 N. FAIRFAX DR, SUITE 725  
CITY-ST-ZIP ARLINGTON VA 22203

TITLE V  
NAME BARRY, BRIAN J  
STREET ADDRESS 4301 N. FAIRFAX DR, SUITE 725  
CITY-ST-ZIP ARLINGTON VA 22203

TITLE V  
NAME MILLER, JERROLD L  
STREET ADDRESS 4301 N. FAIRFAX DR, SUITE 725  
CITY-ST-ZIP ARLINGTON VA 22203

TITLE TCFO  
NAME REED, MELVIN F  
STREET ADDRESS 4301 N. FAIRFAX DR, SUITE 725  
CITY-ST-ZIP ARLINGTON VA 22203

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

JERROLD L. MILLER

8-20-97 (57) 397-1039

CR2E034 (497)