SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 15, 1999 8:00 am
Secretary of State
07-15-1999 90023 046 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000062

1. Corporation Name
DELTEK SYSTEMS OF VA, INC.

Principal Place of Business	Mailing Address
8280 GREENSBORO DR., #300 MCLEAN VA 22102	8280 GREENSBORO DR., #300 MCLEAN VA 22102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1996

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 54-1252625 ☐ 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 the current year *Intangible Personal Property.* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DELASKI, KENNETH E		1.2 NAME	
STREET ADDRESS	8280 GREENSBORO DR., #300		1.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22102		1.4 CITY-ST-ZIP	
TITLE	TDC	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DELASKI, DONALD		2.2 NAME	
STREET ADDRESS	8280 GREENSBORO DR., #300		2.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22102		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, ALAN R		3.2 NAME	
STREET ADDRESS	8280 GREENSBORO DR., #300		3.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22102		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GREGG, ROBERT E		4.2 NAME	
STREET ADDRESS	3110 FAIRVIEW PARK DR., #1400		4.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VA 22042		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, ERIC F		5.2 NAME	
STREET ADDRESS	8280 GREENSBORO DR., #300		5.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22102		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CRAFT, DONALD G		6.2 NAME	
STREET ADDRESS	8280 GREENSBORO DR., #300		6.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22102		6.4 CITY-ST-ZIP	

14. 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 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: SIGNATURE 7/07/99

CR2E034 (5/99)