

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90027 006 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** F97000000199 (6) ☒ OK

1. Corporation Name

NCR GOVERNMENT SYSTEMS CORPORATION

Principal Place of Business 2 CHOKE CHERRY RD ROCKVILLE MD 20850	Mailing Address 2 CHOKE CHERRY RD ROCKVILLE MD 20850
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/13/1997	
21		26	c/o NCR Corp Taxes	4. FEI Number 31-1483597	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	1700 S Patterson Blv	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	City & State	28	Dayton	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	OH 45479	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	USA		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIERING, JOHN L 1700 S PATTERSON BLVD DAYTON OH 45479 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	EISENMAN, WILLIAM J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOAK, JON S 1700 S PATTERSON BLVD DAYTON OH 45479 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COOKER, STEVEN M 2 CHOKE CHERRY RD ROCKVILLE MD 20850 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	AGGELAKOS, VAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHOCKEY, LINDA J 2 CHOKE CHERRY RD ROCKVILLE MD 20850 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BAKER, KIMBERLY 2 CHOKE CHERRY RD ROCKVILLE MD 20850 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BERMAN, MICHAEL E 2 CHOKE CHERRY RD ROCKVILLE MD 20850 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered. SEE ATTACHED

**SIGNATURE:**  Matthew P. Sheers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 937-445-2434  
Date Daytime Phone #

**NCR GOVERNMENT SYSTEMS CORPORATION**

Incorporated in Delaware 11/06/96

Federal I.D. No. 31-1483597

Mailing Address: 1700 S. Patterson Blvd.  
Dayton, Ohio 45479

553439-90027-6  
F97000000199

**Business Address**

**Directors**

Van Aggelakos

2 Choke Cherry Road  
Rockville, MD 20850

Jonathan S. Hoak

1700 S. Patterson Blvd., WHQ  
Dayton, OH 45479

William J. Eisenman

1700 S. Patterson Blvd., WHQ  
Dayton, OH 45479

**Officers**

**Title**

Van Aggelakos

President

2 Choke Cherry Road  
Rockville, MD 20850

Linda J. Schockey

Vice Pres.

2 Choke Cherry Road  
Rockville, MD 20850

Kimberly Baker

Vice Pres.

2 Choke Cherry Road  
Rockville, MD 20850

Wendy T. Kirby

Secretary

2 Choke Cherry Road  
Rockville, MD 20850

Margaret A. Treese

Asst .Sec.

1700 S. Patterson Blvd., WHQ  
Dayton, OH 45479

Matthew P. Sheers

Asst .Sec.

1700 S. Patterson Blvd., WHQ  
Dayton, OH 45479