FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000000 355 02 APR 29 PM 2: 13 1. Entity Name BTG SERVICES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 3877 FAIRFAX RIDGE ROAD c/o THE TITAN CORP. Suite, Apt. #. etc 3033 SCIENCE PARK ROAD Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For FAIRFAX, VA 54-1194161 Not Applicable Zio Country \$8.75 Additional 92121 Country USA 5. Certificate of Status Desired 22030 USA Fee Required 7. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET IN THIS SPACE City Zip Code FL TALLAHASSEE 32301 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filling requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS S.V.P., CFO AND TREASURER TITLE \$2E034B (12/01 NAME MARK W. SOPP NAME STREET ADDRESS STREET ADDRESS 3033 SCIENCE PARK ROAD CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO, CA TITLE VICE PRESIDENT TITLE 900005368579 NAME MICHAEL PAIGE NAME STREET ADDRESS STREET ADDRESS 3033 SCIENCE PARK ROAD CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO, CA THILE VICE PRESIDENT TITLE DAVID K. BANDY NAME 3033 SCIENCE PARK ROAD STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO, CA 92121 SECRETARY ... TITLE TITLE. IN THIS SPACE NAMÉ CHERYL L. BARR STREET ADDRESS 3033 SCIENCE PARK ROAD STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP SAN DIEGO, CA 92121 TITLE ASSISTANT TREASURER TITLE NAME RAY GUILLAUME NAME STREET ADDRESS STREET ADDRESS 3033 SCIENCE PARK ROAD CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO, CA 92121

13. 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 report or supplemental 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 11 or on an with all other like empowered.

TITLE

NAME

STREET ADDRESS

CiTY-ST-7IP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CHERYL L. BARR, SECRETARY

4-25-02 858-552-9500

SIGNATURE:

ASSISTANT TREASURER

3033 SCIENCE PARK ROAD

SAN DIEGO, CA 92121

DEANNA HOM

BTG SERVICES, INC.

DIRECTOR/OFFICER LISTING

DIRECTORS

Gene W. Ray, Director

3033 Science Park Road

San Diego, Ca 92121

Eric M. DeMarco, Director

3033 Science Park Road

San Diego, Ca 92121

OFFICERS

Mark W. Sopp, S.V.P., C.F.O and Treasurer 3033 Science Park Road San Diego, Ca 92121

Michael Paige, Vice President

3033 Science Park Road San Diego, Ca 92121

David K. Bandy Vice President, Contracts

3033 Science Park Road San Diego, Ca 92121

Cheryl L. Barr Secretary 3033 Science Park Road San Diego, Ca 92121

Ray H. Guillaume Asst. Treasurer 3033 Science Park Road San Diego, Ca 92121

Deanna Hom Asst. Treasurer 3033 Science Park Road San Diego, Ca 92121

Shawn LeChien Asst. Treasurer

3033 Science Park Road San Diego, Ca 92121



ACCOUNT NO. : 072100000032

REFERENCE : 550210

AUTHORIZATION

ORDER DATE: April 25, 2002

ORDER TIME : 9:55 AM

ORDER NO. : 550210-005

CUSTOMER NO: 4388080

CUSTOMER: Mr. Michael Kirker

The Titan Corporation 3033 Science Park Rd.

San Diego, CA 92121

ANNUAL REPORT FILING

NAME: BTG SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext. 1133

EXAMINER'S INITIALS: