2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F9700001308**

SYSTEM TECHNOLOGY ASSOCIATES, INC.

Principal Place of Business

Mailing Address

3. Mailing Address

4040 EAST BIJOU STREET ATTN: ACCOUNTS PAYABLE COLORADO SPRINGS CO 80909

2. Principal Place of Business

4040 EAST BIJOU STREET ATTN: NEDRA ENGELSON COLORADO SPRINGS CO 80909

						JB501 BB181 1888 190	0184 1011 1014	
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE			
				4. F	El Number 84-1074887	j	Applied For	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	¢0.75 A	dditional	
	6. Name and Address of Current Re	gistered Agent		7. N	lame and Address of New Regist	tered Agent		
			Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Street A	Street Address (P.O. Box Number is Not Acceptable)				
	AHASSEE FL 32301-2525							
			City			FL Zip Co	de	
8. The above	named entity submits this statement for the	ne purpose of changing its	registered office or	registered ag	ent, or both, in the State of Florida.			
SIGNATURE .								
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signat	are required when re	einstating)	DATE		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		550.00	10. Election Campaign Financi Trust Fund Contribution.	ν Ψυ.	.00 May Be ed to Fees	
11.	OFFICERS AND DI	RECTORS	12,	AC	DITIONS/CHANGES TO OFFICER	RS AND DIRECTO	RS IN 11	
TITLE	C00	☐ Delete	TITLE			☐ Change	e 🔲 Addition	
NAME	OLESEN, RAY		NAME					
STREET ADDRESS	8484 WESTPARK DR., STE. 630		STREET ADDRESS					
CITY-ST-ZIP	MCLEAN VA 22102		CITY-ST-ZIP					
TITLE	CEOP	🔀 Delete	TITLE	Preside	ent, CEO	Change	e 🖾 Addition	
NAME	CULVER, WALTER DR.		NAME		S. Bradley Antle			
STREET ADDRESS	8484 WESTPARK DR., STE. 630		STREET ADDRESS	8484 We	stpark Dr., Ste 63	30		
CITY-ST-ZIP	MCLEAN VA 22102		CITY-ST-ZIP		VA 22102			
TITLE	S	☐ Delete	TITLE			X Change	e 🔲 Addition	
NAME	KARISH, DAVID		NAME					
STREET ADDRESS	8484 WESTPARK DR., STE. 630		STREET ADDRESS					
CITY-ST-ZIP	MCLEAN VA 22102		CITY-ST-ZIP	<u> </u>				
TITLE	EVP	□ XDelete	TITLE	Secreta		Change	e 🔣 Addition	
NAME SAME	SANFORD, ROBERT J		NAME OTREET ADDRESS		L. Sargeant			
STREET ADDRESS CITY-ST-ZIP	6515 HASTINGS DR		STREET ADDRESS CITY-ST-ZIP	1	stpark Dr., Ste 63	30		
	COLORADO SPRINGS CO 80919			McLean,	VA 22102			
TITLE	V FNOELGON NEDBA	😾 Delete	TITLE			Change	e 🔲 Addition	
NAME CIPEET ADODESS	ENGELSON, NEDRA		NAME					
STREET ADDRESS CITY-ST-ZIP	5270 LADERA LN		STREET ADDRESS CITY-ST-ZIP					
	COLORADO SPRINGS CO 80917		_	 				
TITLE	V DUOGELL	X Delete	TITLE	Sr. Vic	e President	Change	e 🏻 🛣 Addition	
NAME STREET ADDRESS	HUFFMAN, RUSSELL J		NAME STREET ADDRESS	Joseph	T. Emrick			
OTHECT MUDDLESS	1350 WINDING RIDGE TERR		■ SINCEL RUUKESS	1 -				

FILED May 11, 2001 8:00 am Secretary of State

05-11-2001 90058 040 ***150.00



CITY-ST-ZIP

COLORADO SPRINGS CO 80919

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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSET NO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joseph T. Emrick April27, 2001 (719)596-8550, 1204 Daytime Phone #