

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90838 005 ***150.00

DOCUMENT # F97000001308

1. Entity Name
SYSTEM TECHNOLOGY ASSOCIATES, INC.

Principal Place of Business
4040 EAST BIJOU STREET
ATTN: ACCOUNTS PAYABLE
COLORADO SPRINGS CO 80909

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

84-1074887

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System
 C/O CT Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

FL Zip Code
 32301

Registered agent change recorded with the State of Florida on 3/22/02

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **COO** ☐ Delete
NAME **OLESSEN, RAY**
STREET ADDRESS **8484 WESTPARK DR., STE. 630**
CITY-ST-ZIP **MCLEAN VA 22102**

TITLE ☒ Change ☐ Addition
NAME **Oleson spelling correction**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CEOP**
STREET ADDRESS **ANTLE, S BRADLEY**
CITY-ST-ZIP **8484 WESTPARK DR., STE. 630**
MCLEAN VA 22102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **KARISH, DAVID**
STREET ADDRESS **8484 WESTPARK DR., STE. 630**
CITY-ST-ZIP **MCLEAN VA 22102**

TITLE ☐ Change ☒ Addition
NAME **Chief Financial Officer**
STREET ADDRESS **Dunn, Ted**
CITY-ST-ZIP **8484 Westpark Dr., Ste. 630**
McLean, VA 22102

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **SARGEANT, WILLIAM L**
CITY-ST-ZIP **8484 WESTPARK DR. STE 630**
MC LEAN VA 22102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SVP**
STREET ADDRESS **EMRICK, JOSEPH T**
CITY-ST-ZIP **1631 S MURRAY**
COLORADO SPRINGS CO 80916

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **McDevitt, John**
CITY-ST-ZIP **4040 E. Bijou Street**
Colorado Springs, CO 80909

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John McDevitt 4/24/02 (719)637-0500

Date

Daytime Phone #

CR2E034 (9/01)