

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**

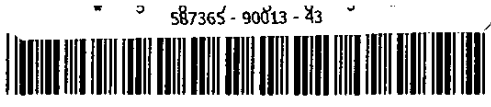


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**  
07-13-1999 90013 043 \*\*\*550.00

DOCUMENT # **F97000003947**

1. Corporation Name  
**TECHNICAL SERVICES OF EG&G, INC.**



Principal Place of Business  
**900 CLOPPER ROAD  
SUITE 200  
GAITHERSBURG MD 20878-1360**

Mailing Address  
**900 CLOPPER ROAD  
SUITE 200  
GAITHERSBURG MD 20878-1360**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

26	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
27	City & State
28	City & State
29	Zip
30	Country

3. Date Incorporated or Qualified  
**07/28/1997**

4. FEI Number  
**04-2052042**

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  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	KUCHARSKI, JOHN M	
STREET ADDRESS	45 WILLIAM STREET	
CITY-ST-ZIP	WELLESLEY MA 02181	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	GROSS, MURRAY	
STREET ADDRESS	45 WILLIAM ST	
CITY-ST-ZIP	WELLESLEY MA 02181	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HEANEY, DAN	
STREET ADDRESS	45 WILLIAM ST	
CITY-ST-ZIP	WELLESLEY MA 02181	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DONAHUE, JOHN S	
STREET ADDRESS	45 WILLIAM ST	
CITY-ST-ZIP	WELLESLEY MA 02181	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Greg Sumi	
1.3 STREET ADDRESS	45 William St	
1.4 CITY-ST-ZIP	Wellesley, MA 02181	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Katherine Harris* **7/6/99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)