

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/1

DOCUMENT # F97000003947

1. Entity Name

TECHNICAL SERVICES OF EG&G, INC.

*Handwritten initials*

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90150 005 \*\*\*550.00

Principal Place of Business 900 CLOPPER ROAD SUITE 200 GAITHERSBURG MD 20878-1360	Mailing Address 900 CLOPPER ROAD SUITE 200 GAITHERSBURG MD 20878-1360
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>04-2052040</b> <b>51-0391628</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>see attached</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of William F. [illegible]* **CR-VP** **7/11/00** **301-840-3025**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

attachment Doc#  
F9700003947

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OFFICERS AND DIRECTORS

HANSFORD T. JOHNSON	PRESIDENT AND DIRECTOR	900 Clopper Road Suite 200 Gaithersburg, MD 20878
WILLIAM NEEB	VICE PRESIDENT SECRETARY/TREASURE	900 Clopper Road Suite 200 Gaithersburg, MD 20878
ROBERT RUDISIN	VICE PRESIDENT	900 Clopper Road Suite 200 Gaithersburg, MD 20878
RANDALL WOTRING	VICE PRESIDENT	3604 Collins Ferry Road Suite 200 Morgantown, WV 26505
JAMES S. CHILDRESS	VICE PRESIDENT	10687 Gaskins Way Suite 201 Manassas, VA 20109
IAN FUJYAMA	ASSISTANT SECRETARY	1001 Pennsylvania Ave Washington, DC 20004
ALLAN M. HOLT	DIRECTOR	1001 Pennsylvania Ave Washington, DC 20004
JOSEPH E. LIPSCOMB	DIRECTOR	1001 Pennsylvania Ave Washington, DC 20004