

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

0106909 AT

DOCUMENT # F97000003947

1. Entity Name

TECHNICAL SERVICES OF EG&G, INC.

07-19-2001 90234 007 ***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**

A0078344



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0391628

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

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

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

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PD** ☒ Delete
 NAME **JOHNSON, HANSFORD T**
 STREET ADDRESS **900 CLOPPER ROAD**
 CITY-ST-ZIP **GAITHERSBURG MD 20878**

TITLE **VPST** ☐ Delete
 NAME **NEEB, WILLIAM**
 STREET ADDRESS **900 CLOPPER ROAD**
 CITY-ST-ZIP **GAITHERSBURG MD 20878**

TITLE **VP** ☐ Delete
 NAME **RUDISEN, ROBERT**
 STREET ADDRESS **900 CLOPPER ROAD**
 CITY-ST-ZIP **GAITHERSBURG MD 20878**

TITLE **D** ☐ Delete
 NAME **HOLT, ALLAN M**
 STREET ADDRESS **1001 PENNSYLVANIA AVE**
 CITY-ST-ZIP **WASHINGTON DC 20004**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **George Melton** ☐ Change ☒ Addition
 NAME **900 clopper Rd Suite 200**
 STREET ADDRESS **Gaithersburg, md 20878**
 CITY-ST-ZIP

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

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

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

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

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM NEEB

Date

Daytime Phone #

CR2E034 (5/01)