SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000004184 (4)

IT SERVICES COMPANY

FILED Jul 30 1998 8:00am Secretary of State

| II OLIIV | IOLO COM ART | | | | | |
|---|--|---|----------------------------------|--|-------------------------------------|--|
| Principal Plac | e of Business | Mailing Address | | | i maiti aibūt tient terir Biūt leni | |
| 1501 BDM WAY 1501 BDM WAY MCLEAN VA 22102-3 204 MCLEAN VA 2210 | | 1501 BDM WAY MCLEAN VA 22102-3204 | | DO NOT WRITE IN THI | S SPACE | |
| | | | | 3. Date Incorporated or Qualified 08/08/1997 | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 5400 Glenwood Avenue 26 5400 Glenw Suite, Apt. #, etc. Suite, Apt. #, etc. | | wood-Ave | 54-1830197 | Not Applicable | | |
| ├ ── ` | | · · · | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | | 6. Election Campaign Financing | \$5.00 May Be | | |
| 23 Raleigh, NC Country 28 Raleigh, Zip | | C Trust Fund Contribution Added to Fees | | | | |
| | | T 3 | | 8. This corporation owes or has paid the cu | | |
| 276 | 12 USA 9. Name and Address of Current | 27612 | 30 USA | Personal Property Tax due June 30. | Yes No | |
| | | | | 10. Name and Address of New Registered | Agent | |
| 1 | CORPORATION SYSTEM | | I Name | | | |
| 1200 SO PINE ISLAND RD | | | 82 Street Add | reet Address (P.O. Box Number is Not Acceptable) | | |
| PLA | NTATION FL 33324 | | 83 | | | |
| | | | 33 | | | |
| | | | 84 City | FI | 85 Zip Code | |
| 11. Pursuan | to the provisions of postions CO7 0EGG | and 607 4509. Florida Clatidas | the shows named sore | | | |
| 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 obligat | ons of, section 607,0505, Flo | rida Statutes. | | | |
| SIGNATURE | Signature, typed or printed name of registered against | and title II applicable (NO | E: Registered Agent signature re | equired when reinstating) DATE | | |
| 12. | OFFICERS AND | | I 13. | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 | |
| TITLE | D | DELETE | 1.1 TITLE | | Change Maddition | |
| NAME | CONWAY, WILLIAM E JR | X | 1.2 NAME Y |)) | | |
| STREET ADDRESS | 1501 BDM WAY | | | at. Salmonese | اِ ا | |
| CITY-ST-ZIP | MOLEAN VA 22102-3204 | | | 400 Glenwood Ave. Ste | , | |
| TITLE | D | DELETE | 2 1 TITLE | aleigh, NC 27612 | Change Addition | |
| NAME | ODEEN, PHILIP A | | 2.2 NAME D | | | |
| STREET ADDRESS | 1501 BDM WAY | | 2.3 STREET ADDRESS J | ack R Distaso | | |
| CITY-ST-ZIP | MCLEAN VA 22102-3204 | | 2.4 CITY-ST-ZIP 1 | 501 BDM Way McLean, VA | 29109 | |
| TITLE | P | DELETE | 3.1 TITLE D | | Change Addition | |
| NAME | FAULDERS, C T III | А | 3.2 NAME M | arsha A Klontz | | |
| STREET ADDRESS | 1501 BDM WAY | | | 501 BDM Way | | |
| CITY-ST-ZIP | MCLEAN VA 22102-3204 | | 3.4 CITY-ST-ZIP M | cLean, VA 22102 | | |
| TITLE | V HILITANOED HIOTHIA | X) DELETE | 14.1 TILE D | | Change Addition | |
| NAME | HUNTZINGER, JUDITH N | | 4.5 MAME | illiam B Lawereance | | |
| STREET ADDRESS | 1501 BDM WAY | | 4.3 STREET ADDRESS | 501 BDM Way | | |
| CITY-ST-ZIP | MCLEAN VA 22102-3204 | · · · · · · · · · · · · · · · · · · · | 4.4 CHY-ST-ZIP | cLean, VA 22102 | _ | |
| TITLE | VS MCCABE, JOHN F | X DELETE | 3.111122 | | Change Addition | |
| NAME | 1501 BDM WAY | | 5.2 NAME | | | |
| STREET ADDRESS | MCLEAN VA 22102-3204 | | 53 STREET ADDRESS | | | |
| CiTY-ST-ZIP | VAS | | 5.4 CITY-ST-ZIP | | | |
| TITLE | GILBERTI, BARBARA C | L] DELETE | 6.1 TITLE | | Change Addition | |
| NAME | 1501 BDM WAY | | 6.2 NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | MOLEAN VA 22102-3204 | | 6.3 STREET ADDRESS | | | |
| | | | . 6.4 CITY-ST-2IP | | | |

14. I hereby certify that the information suchlied 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 pustee 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.