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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700005782

1200 NEW HAMPSHIRE AVE NW

WASHINGTON DC 20005-2301

WASHINGTON DC 20036

GOLDEN, MICHAEL D

VAUGHAN, WALTER W

RENZI, EUGENE C

13985 HOLLY FORREST DR

MANASSAS VA 20112-3866

14119-A SULLYFIELD CIRCLE

901 15TH ST NW

MANTECH TELECOMMUNICATIONS AND INFORMATION SYSTE MS CORPORATION

							<u> </u>		
Principal Place of Business			Mailing Address						
12015 LEE JAG	CKSON HWY	12	015 LEE JACKSON HWY						
			IRFAX VA 22033-3300	VA 22033-3300			DO NOT WRITE IN THIS SPACE		
							DO NOT WRITE IN THIS SPACE		
							3. Date incorporated or Qualifed		
							11/03/1997		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For		
21			26				52-1279373 Not Applicab		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22		27	27				5. Certificate of Status Desired Fee Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be		
23			8			-	Trust Fund Contribution Added to Fees		
Zip	Country		Zip	Country	у		8. This corporation owes the current year Intangible		
24	25	29	30]			Personal Property Tax. ☐ Yes 🗷 No		
24	9. Name and Address of Curre	تتب		'			10. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM				81	1	Name			
					⊥				
1200 SOUTH PINE ISLAND ROAD						82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324				83	+				
FLA	UNIAHON FL 33324			63	1				
	and the second second			84	4	City	85 Zip Code		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							FL 50 P P P P P P P P P P P P P P P P P P		
office or		of Flori	ida. Such change was auth	onzea ov	vτr	-named corp he corporation	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered		
SIGNATURE	ent to the first of the state of								
	Signature, typed or printed name of registered ag				ent :	signature require	ed when reinstating) DATE DATE		
12.	OFFICERS A	ND DIR		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C		[] DELETE	1.1 TITLE			☐ Change ☐ Addi		
NAME	PEDERSEN, GEORGE J			1.2 NAME					
STREET ADDRESS	s 12015 LEE JACKSON HWY			1.3 STREE	ET A	ADDRESS			
CITY-ST-ZIP	Y-ST-ZIP FAIRFAX VA 22033-3300			1.4 CITY-ST-ZIP		-ZIP			
TITLE	STD		☐ DELETE	2.1 TITLE			☐ Change ☐ Addi		
NAME	MOORE, JOHN A JR			2.2 NAME					
STREET ADDRESS	***** * EE ***************************			2.3 STREE	ET 4	ADDRESS			
l	FAIRFAX VA 22033-3300			2.4 CITY-					
CITY-ST-ZIP			☐ DELETE	3.1 TITLE		-21"	☐ Change ☐ Addi		
TITLE	0	-	in former * 1				American Son a series executed and the series of the serie		
NAME	PORTER, STEPHEN W			3.2 NAME	:				

CHANTILLY VA 20151 CITY-ST-ZIP 14. 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 of Chapter 607, or on an attachment with an address, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIF

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

Change

☐ Addition

☐ Addition

☐ Addition