

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004102

1. Entity Name
EG&G TECHNICAL SERVICES, INC.

Principal Place of Business
900 CLOPPER ROAD, SUITE 200
GAITHERSBURG MD 20878-1356

Mailing Address
900 CLOPPER ROAD, SUITE 200
GAITHERSBURG MD 20878-1356

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 51-0391628

Applied For

Not Applicable

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 D
NAME HOLT, ALLAN M
STREET ADDRESS 1001 PENNSYLVANIA AVE., NW, #220 SOUTH
CITY-ST-ZIP WASHINGTON DC 20004 ☐ Delete

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

TITLE D
NAME YOUNGKIN, GLENN
STREET ADDRESS 1001 PENNSYLVANIA AVE., NW
CITY-ST-ZIP WASHINGTON DC 20004 ☐ Delete

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

TITLE D
NAME LIPSCOMB, JOSEPH
STREET ADDRESS 1001 PENNSYLVANIA AVE., NW, #220 SOUTH
CITY-ST-ZIP WASHINGTON DC 20004 ☐ Delete

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

TITLE P
NAME MELTON, GEORGE
STREET ADDRESS 900 CLOPPER RD SUITE 200
CITY-ST-ZIP GAITHERSBURG MD 20878 ☐ Delete

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

TITLE STVP
NAME NEEB, WILLIAM
STREET ADDRESS 900 CLOPPER RD SUITE 200
CITY-ST-ZIP GAITHERSBURG MD 20878 ☐ Delete

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

TITLE VP
NAME RUDISIN, ROBERT
STREET ADDRESS 900 CLOPPER RD SUITE 200
CITY-ST-ZIP GAITHERSBURG MD 20878 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90141 014 ***150.00



DO NOT WRITE IN THIS SPACE

UNIFORM BUSINESS REPORT

CR2E034 (9/01)