
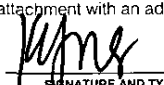


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90026 036 ***158.75

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	
5. Certificate of Status Desired <input checked="" 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELTON, GEORGE 900 CLOPPER RD SUITE 200 GAITHERSBURG, MD 20878	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 ORCHARD RIDGE DR., SUITE 100 GAITHERSBURG, MD 20878	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP NEEB, WILLIAM 900 CLOPPER RD SUITE 200 GAITHERSBURG, MD 20878	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 ORCHARD RIDGE DR., SUITE 100 GAITHERSBURG, MD 20878	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUCLISIN, ROBERT 900 CLOPPER RD SUITE 200 GAITHERSBURG, MD 20878	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUCLISIN, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- SEE ATTACHED LIST -	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			KRISTIN L. JONES, ASST. SECRETARY		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #
			1-4-04		415-774-2700

04014360



01142004 Chg-P CR2E034 (10/03)

Attachment

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EG&G TECHNICAL SERVICES, INC.
Document Number E99000004102

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	AINSWORTH, KENT P.
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MASTERS, JOSEPH
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	NELSON, DAVID C.
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> Delete	TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	YOUNG, STUART I.
STREET ADDRESS		STREET ADDRESS	200 Orchard Ridge Drive, Suite 100
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	WALLACE, DAVID
STREET ADDRESS		STREET ADDRESS	900 Clopper Road, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DONNELLY, MICHAEL
STREET ADDRESS		STREET ADDRESS	900 Clopper Road, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	WOTRING, RANDALL A.
STREET ADDRESS		STREET ADDRESS	900 Clopper Road, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VISTED, FRANK
STREET ADDRESS		STREET ADDRESS	900 Clopper Road, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ALLEN, LEX
STREET ADDRESS		STREET ADDRESS	900 Clopper Road, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	KENNEDY, JOHN
STREET ADDRESS		STREET ADDRESS	900 Clopper Road, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878

attachment

EG&G TECHNICAL SERVICES, INC.
Document Number F99000004102

54012465-

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ROBINSON, GREG
STREET ADDRESS		STREET ADDRESS	900 Clopper Road, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	BRUMMERSTEDT, CAROL
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	JONES, KRISTIN L.
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111