

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004102

Entity Name: EG&G TECHNICAL SERVICES, INC.

FILED
Feb 07, 2007
Secretary of State

Current Principal Place of Business:

900 CLOPPER ROAD, SUITE 200
GAITHERSBURG, MD 208781356

New Principal Place of Business:

900 CLOPPER ROAD
SUITE 200
GAITHERSBURG, MD 20878

Current Mailing Address:

600 MONTGOMERY STREET
25TH FLOOR
SAN FRANCISCO, CA 94111

New Mailing Address:

FEI Number: 51-0391628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: RODGERS, JUDY L
Address: 600 MONTGOMERY ST, 25TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94111

Title: STVP () Delete
Name: NEEB, WILLIAM
Address: 200 ORCHARD RIDGE DR., STE. 100
City-St-Zip: GAITHERSBURG, MD 20878

Title: VP () Delete
Name: RUDISIN, ROBERT
Address: 200 ORCHID RIDGE DR STE 100
City-St-Zip: GAITHERSBURG, MD 20878

Title: VD () Delete
Name: MASTERS, JOSEPH
Address: 600 MONTGOMERY ST., 25TH FLR.
City-St-Zip: SAN FRANCISCO, CA 94111

Title: VS () Delete
Name: YOUNG, STUART L
Address: 200 ORCHARD RIDGE DRIVE, STE 100
City-St-Zip: GAITHERSBURG, MD 20878

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: HICKS, H T
Address: 600 MONTGOMERY ST, 25TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94111

Title: VP (X) Change () Addition
Name: NEEB, WILLIAM
Address: 200 ORCHARD RIDGE DR., STE. 100
City-St-Zip: GAITHERSBURG, MD 20878

Title: P (X) Change () Addition
Name: WOTRING, RANDALL
Address: 200 ORCHARD RIDGE DR STE 100
City-St-Zip: GAITHERSBURG, MD 20878

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: ROBINSON, GREG
Address: 900 CLOPPER ROAD, SUITE 200
City-St-Zip: GAITHERSBURG, MD 20878

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIN L. JONES

AS

02/07/2007

Electronic Signature of Signing Officer or Director

_____ Date