## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000004102

Entity Name: EG&G TECHNICAL SERVICES, INC.

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
900 CLOPPER ROAD SUITE 200 GAITHERSBURG, MD 20878			SUITE 300	20501 SENECA MEADOWS PKWY SUITE 300 GERMANTOWN, MD 20876		
Current Mailing Address:			New Maili	New Mailing Address:		
600 MONTGOMERY STREET 25TH FLOOR SAN FRANCISCO, CA 94111						
FEI Number: 51-0391628 FEI Number Applied For ( ) FEI Num			Number Not Appl	nber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HICKS, H T	Delete SRY ST, 25TH FLOOR D, CA 94111	Title: Name: Address: City-St-Zip:	( ) Cr	nange ( ) Addition	
Title: Name: Address: City-St-Zip:	NEEB, WILLIAM	Delete RIDGE DR., STE. 100 i, MD 20878	Title: Name: Address: City-St-Zip:	NEEB, WILLIAM	nange()Addition EADOWS PKWY, STE 300 ID 20876	
Title: Name: Address: City-St-Zip:	WOTRING, RANI	RIDGE DR STE 100	Title: Name: Address: City-St-Zip:	WOTRING, RANDA	EADOWS PKWY, STE 300	
Title: Name: Address: City-St-Zip:	VD () [ MASTERS, JOSE 600 MONTGOME SAN FRANCISCO	EPH ERY ST., 25TH FLR.	Title: Name: Address: City-St-Zip:	AS (X) CH JONES, KRISTIN L 600 MONTGOMER SAN FRANCISCO,	RY ST., 25TH FLR.	
Title: Name: Address: City-St-Zip:	YOUNG, STUART 200 ORCHARD F GAITHERSBURG	RIDGE DRIVE, STE 100 i, MD 20878	Title: Name: Address: City-St-Zip:	YOUNG, STUART 20501 SENECA M GERMANTOWN, M	EADOWS PKWY, STE 300 ID 20876	
Title: Name: Address: City-St-Zip:	T () E ROBINSON, GRE 900 CLOPPER R GAITHERSBURG	OAD, SUITE 200	Title: Name: Address: City-St-Zip:	ROBINSON, GREG	EADOWS PKWY, STE 300	

I hereby certify that the information supplied with this filing does not qualify 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 01/05/2009