

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90550 001 ***158.75

DOCUMENT # P00868

1. Entity Name
SCIENCE APPLICATIONS INTERNATIONAL CORPORATION



Principal Place of Business
**10260 CAMPUS POINT DRIVE - TAX DEPT.
SAN DIEGO CA 92121**

Mailing Address
**10260 CAMPUS POINT DRIVE - TAX DEPT.
SAN DIEGO CA 92121**

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
95-3630868

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

**CT CORPORATION SYSTEM
1200 S. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **BEYSTER, J.R.**
STREET ADDRESS **1241 CAVE ST**
CITY-ST-ZIP **LA JOLLA CA 92037**

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

TITLE **VP** ☐ Delete
NAME **FISHER, STEVEN P**
STREET ADDRESS **1200 PROSPECT ST**
CITY-ST-ZIP **LA JOLLA CA 92037**

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

TITLE **VP** ☐ Delete
NAME **GLANCY, JOHN E**
STREET ADDRESS **1241 CAVE ST.**
CITY-ST-ZIP **LA JOLLA CA 92037**

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

TITLE **VS** ☐ Delete
NAME **HEIPT, J.D.**
STREET ADDRESS **10260 CAMPUS POINT DRIVE**
CITY-ST-ZIP **SAN DIEGO CA**

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

TITLE **VC** ☐ Delete
NAME **PAVLICS, PETER**
STREET ADDRESS **10260 CAMPUS POINT DR**
CITY-ST-ZIP **SAN DIEGO CA 92121**

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

TITLE **D** ☐ Delete
NAME **ROCKWOOD, STEPHEN D**
STREET ADDRESS **16701 WEST BERNARDO DR**
CITY-ST-ZIP **SAN DIEGO CA 92121**

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

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: *Peter Pavlics* **Peter N. Pavlics, Assistant Secretary** 1-14-03 858 826-6690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #