


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02874 (6)					
1. Corporation Name GENERAL PHYSICS FEDERAL SYSTEMS, INC.					
Principal Place of Business 6700 ALEXANDER BELL DR. COLUMBIA MD 21046-2190 US			Mailing Address 6700 ALEXANDER BELL DR. COLUMBIA MD 21046-2190 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 54-1117824	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, JACK E.		1.2 NAME	Karl Baer	
STREET ADDRESS	1919 SOUTH EADS STREET, SUITE 101		1.3 STREET ADDRESS	67	
CITY-ST-ZIP	ARLINGTON VA 22202		1.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Jeffrey L. Klein V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RADER, DAVID S.		2.2 NAME	Jeffrey L. Klein	
STREET ADDRESS	6700 ALEXANDER BELL DRIVE		2.3 STREET ADDRESS	1991 Centennial Drive	
CITY-ST-ZIP	COLUMBIA MD		2.4 CITY-ST-ZIP	Aiken, SC 29803	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, KENNETH L.		3.2 NAME	Karl Baer	
STREET ADDRESS	6700 ALEXANDER BELL DRIVE		3.3 STREET ADDRESS	481 Gold Star Highway	
CITY-ST-ZIP	COLUMBIA MD		3.4 CITY-ST-ZIP	Groton, CT 06340	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUER, CHRIS W.		4.2 NAME	Scott N. Greenberg	
STREET ADDRESS	1919 SOUTH EADS STREET, SUITE 101		4.3 STREET ADDRESS	9 W. 57th Street, Suite 4170	
CITY-ST-ZIP	ARLINGTON VA		4.4 CITY-ST-ZIP	New York, NY 10019	
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAULIFFE, JOHN C.		5.2 NAME		
STREET ADDRESS	6700 ALEXANDER BELL DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA MD		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JEROME I.		6.2 NAME		
STREET ADDRESS	9 WEST 57TH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

Signature Required for Reinstatement 8/26/98 (410) 290-2305

CR2E034 (5/98)