

DOCUMENT # P05612

1. Entity Name

DCS CORPORATION

Principal Place of Business

330 BRADDOCK PLACE  
ALEXANDRIA VA 22314

Mailing Address

1330 BRADDOCK PLACE  
ALEXANDRIA VA 22314

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number 54-1044062

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HATFIELD, STEPHEN  
203 TEXAS STREET  
FT WALTON BEACH FL 32540

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WOOD, JAMES T	
STREET ADDRESS	7005 VIEW PARK DRIVE	
CITY-ST-ZIP	BURKE VA	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	JUNKIN, JACKIE, G	
STREET ADDRESS	10809 HARLEY RD	
CITY-ST-ZIP	LORTON VA	
TITLE	CB	<input type="checkbox"/> Delete
NAME	DUBAC, CARL H	
STREET ADDRESS	RT 243	
CITY-ST-ZIP	COMPTON MD	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HALL, MICHAEL R	
STREET ADDRESS	1824 BRIAR RIDGE CT	
CITY-ST-ZIP	MC LEAN VA 22101	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, Month, Year

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90247 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CP0503 (10/00)