

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # P05679 (6)
1. Corporation Name
MANTECH SYSTEMS ENGINEERING CORPORATION



Principal Place of Business
12015 LEE JACKSON HWY
STE 128
FAIRFAX VA 22033

Mailing Address
12015 LEE JACKSON HWY
STE 128
FAIRFAX VA 22033-3300

3. Date Incorporated or Qualified 04/15/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 52-1396237	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

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		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	SUTTON, B REBECCA				
STREET ADDRESS	12015 LEE JACKSON HWY, STE 128				
CITY-ST-ZIP	FAIRFAX VA				
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	MOORE, JR.				
STREET ADDRESS	12015 LEE JACKSON HWY., #128				
CITY-ST-ZIP	FAIRFAX VA				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PEDERSEN, GEORGE J.				
STREET ADDRESS	12015 LEE JACKSON HW 128				
CITY-ST-ZIP	FAIRFAX VA				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	MUNSON, BARRY R.				
STREET ADDRESS	12015 LEE JACKSON HWY., #128				
CITY-ST-ZIP	FAIRFAX VA				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	FREE, JO-AN J				
STREET ADDRESS	12015 LEE JACKSON HW 128				
CITY-ST-ZIP	FAIRFAX VA				
TITLE	P	<input checked="" type="checkbox"/> DELETE			
NAME	LYNCH, JOHN F.				
STREET ADDRESS	12015 LEE JACKSON HWY., #128				
CITY-ST-ZIP	FAIRFAX VA				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	Jerry O. Tuttle				
6.3 STREET ADDRESS	12015 Lee Jackson Highway, Suite 128				
6.4 CITY-ST-ZIP	Fairfax, VA 22033				

14. I do 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: Jo-An J. Free 04/17/97 (703) 218-6000

CR2E034 (9/96)