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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P05679

1. Corporation Name

MANTECH SYSTEMS ENGINEERING CORPORATION

			•						<b>   </b>	
Principal Place of Business Mailing Address							( tentilent fit shint stirk attit tenna tatt årett eran sa	., .,.,,		
12015 LEE JACKSON HWY			12015 LEE JACKSON HWY							
STE 128 STE 128						DO NOT WRITE IN THIS SPACE				
FAIRFAX VA 22033 FAIRFAX VA 22033							3. Date Incorporated or Qualifed			
							04/15/1985			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Ap	plied For	
21		26	<u> </u>				52-1396237	No	t Applicable	
Suite, Apt. #, etc.		1-51	Suite, Apt. #, etc.					3.75 /	Additional	
22		27	27				5. Certificate of Status Desired	Fee Re	quired	
City & State			City & State						May Be	
23			8			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Trust Fund Contribution Added to Fees			
Zip	Country		Zip Country				8. This corporation owes the current year Intangible			
24	25	29		30			Personal Property Tax.		<b>Ix</b> tNo	
	9. Name and Address of Curren	t Regi	stered Agent	8	41	Name	10. Name and Address of New Registered Agen	<u> </u>		
CT (	CODDODATION SYSTEM			°	1	Name				
CT CORPORATION SYSTEM				8	2	Street Ad	et Address (P.O. Box Number is Not Acceptable)			
1200 S. PINE ISLAND ROAD PLANTATION FL 33324				0.	ㅣ.					
PLA	NIATION FE 33324			8:	3	-				
				8	4	City	85	Zip (	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute							FL	ing ite	registered	
office or i	registered agent, or both, in the State	of Flori	da. Such change was a	uthorized b	y t	the corpora	rporation submits this statement for the purpose of char- tion's board of directors. I hereby accept the appointmen	nt as re	gistered	
agent. I a	m familiar with, and accept the obliga	tions o	f, Section 607.0505, Flo	rida Statute	Ś.					
SIGNATURE	•		4.055				ired when reinstating) DATE			
40	Signature, typed or printed name of registered ager  OFFICERS AN			Registered Ag	ent	signature requi	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTO	RS IN 12	
12.	VP	DIN	DELETE	1.1 TITLE	_			hange	Addition	
	CRANDALL, BETH A.			1,2 NAME		1				
ADDIT LET MOVOON LINEY OFF 400			1.3 STREET ADDRESS		ADDRESS					
STREET ADDRESS	1	120	,	1.4 CITY-						
CITY-ST-ZIP	FAIRFAX VA 22033		☐ DELETE	2.1 TITLE		-211		Change	Addition	
TITLE	ł - · -		( <b></b>	2.2 NAME						
NAME	MOORE, JR.	120				ADDRESS				
STREET ADDRESS	l	120								
CITY-ST-ZIP	FAIRFAX VA		☐ DELETE	2. 4 CITY 3.1 TITLE	_	1-237		Change	Addition	
TITLE	D   Pedersen, George J.			3.2 NAME		= -			-	
NAME OTDEET ADDDESS						ADDRESS				
STREET ADDRESS	FAIRFAX VA			3.4. CITY						
CITY-ST-ZIP TITLE	<del></del>		☐ DELETE	4.1 TITLE	_	1-41		Change	Addition	
	VP   Galaski, matthew p.			4. 2 NAM		1	_	-		
NAME	1 1	122				ADDRESS	•			
STREET ADDRESS		120		4.3 STRE						
CITY-ST-ZIP TITLE	FAIRFAX VA 22033 AS		₩ DELETE	5.1 TITLE	_			Change	Addition	
ì			×				Acet Secretary	mango		
NAME CTOCCT ADDRESS				5.2 NAME		1.	Hast. Secretary –	znango		
STREET ADDRESS	FREE, JO-AN J				E		Lancaster, Christine A.			
OFF 07 3/5	12015 LEE JACKSON HW 128			5.3 STRE	E ET	ADDRESS -	Lancaster, Christine A. 12015 Lee Jackson Highway, Su			
CITY-ST-ZIP	12015 LEE JACKSON HW 128 FAIRFAX VA		□ DELETF		E ET	ADDRESS -	Lancaster, Christine A. 12015 Lee Jackson Highway, Su Pairfax, VA 22033-3300.			
TITLE	12015 LEE JACKSON HW 128 FAIRFAX VA P		☐ DELETE	5.3 STRE 5.4 City- 6.1 TITLE	E ET ST	ADDRESS -	Lancaster, Christine A. 12015 Lee Jackson Highway, Su Pairfax, VA 22033-3300.	ite	12'8	
	12015 LEE JACKSON HW 128 FAIRFAX VA P TUTTLE, JERRY O	E 100		5.3 STRE 5.4 CITY- 6.1 TITLE 6.2 NAME	E - ST -	ADDRESS -	Lancaster, Christine A. 12015 Lee Jackson Highway, Su Pairfax, VA 22033-3300.	ite	12'8	

FAIRFAX VA 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 certoral tension 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 Chapter (i) on an attachment with an address, with all other like empowered.

6.4 CTTY-ST-ZIP

SIGNATURE:

(703)218-6000

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90129 016 \*\*\*150.00