


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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90129 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05679
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 04/15/1985	
4. FEI Number 52-1396237	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRANDALL, BETH A.		1.2 NAME	
STREET ADDRESS 12015 LEE JACKSON HWY, STE 128		1.3 STREET ADDRESS	
CITY-ST-ZIP FAIRFAX VA 22033		1.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOORE, JR.		2.2 NAME	
STREET ADDRESS 12015 LEE JACKSON HWY., #128		2.3 STREET ADDRESS	
CITY-ST-ZIP FAIRFAX VA		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEDERSEN, GEORGE J.		3.2 NAME	
STREET ADDRESS 12015 LEE JACKSON HW 128		3.3 STREET ADDRESS	
CITY-ST-ZIP FAIRFAX VA		3.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALASKI, MATTHEW P.		4.2 NAME	
STREET ADDRESS 12015 LEE JACKSON HWY., #128		4.3 STREET ADDRESS	
CITY-ST-ZIP FAIRFAX VA 22033		4.4 CITY-ST-ZIP	
TITLE AS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FREE, JO-AN J		5.2 NAME	
STREET ADDRESS 12015 LEE JACKSON HW 128		5.3 STREET ADDRESS	
CITY-ST-ZIP FAIRFAX VA		5.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TUTTLE, JERRY O		6.2 NAME	
STREET ADDRESS 12015 LEE JACKSON HWY STE 128		6.3 STREET ADDRESS	
CITY-ST-ZIP FAIRFAX VA		6.4 CITY-ST-ZIP	

Asst. Secretary
 Lancaster, Christine A.
 12015 Lee Jackson Highway, Suite 128
 Fairfax, VA 22033-3300

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, with all other like empowered.

SIGNATURE: *Christine A. Lancaster* Date: 4/5/99 Daytime Phone #: (703) 218-6000

CR2E034 (1/1/98)