

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P11922** (2)  
1. Corporation Name  
**LOGICON R & D ASSOCIATES, INC.**



Principal Place of Business <b>6053 W CENTURY BLVD P.O. BOX 92500 (ATTN: ROSE DEL MEDICO) LOS ANGELES CA 90045 US</b>	Mailing Address <b>3701 SKYPARK DR 3701 SKYPARK DRIVE TORRANCE CA 90505 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6053 W. Century Blvd.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Los Angeles, CA</b> Zip 24 <b>90045</b> Country 25 <b>US</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>10/28/1986</b>	
		4. FEI Number <b>95-2674965</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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
85 Zip Code

**FL**

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 fee, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DALTON, JAMES</b>			1.2 NAME			
STREET ADDRESS	<b>6053 WEST CENTURY BLVD.</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LOS ANGELES CA</b>			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WEBSTER, RALPH</b>			2.2 NAME			
STREET ADDRESS	<b>3701 SKYPARK DRIVE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TORRANCE CA</b>			2.4 CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MITCHELL, BENJAMIN E. JR</b>			3.2 NAME			
STREET ADDRESS	<b>3701 SKYPARK DRIVE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TORRANCE CA</b>			3.4 CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WOODHULL, JOHN R.</b>			4.2 NAME			
STREET ADDRESS	<b>3701 SKYPARK DRIVE</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TORRANCE CA</b>			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DARAKJY, BOB</b>			5.2 NAME			
STREET ADDRESS	<b>6053 W CENTURY BLVD</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LOS ANGELES CA</b>			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WILSON, HOWARD</b>			6.2 NAME			
STREET ADDRESS	<b>6053 W CENTURY BLVD</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LOS ANGELES CA</b>			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 as an attachment with an address.

SIGNATURE *Ralph J. Webster* **Ralph J. Webster** (310) 373-0220

CR2E034 (10/97)