FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 APR 11 PM 3:33

DOCUMENT # **P22262** **(0)**

1. Corporation Name

CSC PROFESSIONAL SERVICES GROUP, INC.

Principal Place of Business	Mailing Address
1375 PICCARD DR. ROCKVILLE MD 20850 US	2100 E. GRAND AVE. SUITE A-267 EL SEGUNDO CA 90245 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/22/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 **3170 Fairview Park Drive**
Suite, Apt. #, etc. 22
City & State 23 **Falls Church, VA 22042**
Zip 24 **22042** Country 25

2a. Mailing Address
25
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **52-0985978** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VT	11 TITLE	**V.P.-Finance**	☒ Change ☐ Addition
NAME	ADLER, CRAIG D.	12 NAME	**Ralph E. Baker**	
STREET ADDRESS	1577 SPRING HILL RD.	13 STREET ADDRESS	**3170 Fairview Park Dr.**	
CITY-ST-ZIP	VIENNA VA	14 CITY-ST-ZIP	**Falls Church, VA 22042**	
TITLE	VTD	21 TITLE		☐ Change ☐ Addition
NAME	LEVEL, LEON J.	22 NAME		
STREET ADDRESS	2100 E. GRAND AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO CA	24 CITY-ST-ZIP		
TITLE	VSD	31 TITLE		☐ Change ☐ Addition
NAME	FISK, HAYWARD D.	32 NAME		
STREET ADDRESS	2100 E. GRAND AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO CA	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	**A/S**	☒ Change ☐ Addition
NAME	BERNSTEIN, HARVEY N.	42 NAME		
STREET ADDRESS	6521 ARLINGTON BLVD.	43 STREET ADDRESS		
CITY-ST-ZIP	FALLS CHURCH VA	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	IRVIN, THOMAS R.	52 NAME		
STREET ADDRESS	2100 E. GRAND AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO CA	54 CITY-ST-ZIP		
TITLE	PD	61 TITLE	**PD**	☒ Change ☐ Addition
NAME	JONES, EDWARD T.	62 NAME	**Thomas C. Robinson**	
STREET ADDRESS	1375 PICCARD	63 STREET ADDRESS	**3170 Fairview Park Dr.**	
CITY-ST-ZIP	ROCKVILLE MD	64 CITY-ST-ZIP	**Falls Church, VA 22042**	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: **Leon J. Level** **Vice President** **3-30-95**
NAME AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402449 FP