

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P22262 (0)

1. Corporation Name

CSC PROFESSIONAL SERVICES GROUP, INC.



Principal Place of Business

1375 PICCARD DR.
ROCKVILLE MD 20850
US

Mailing Address

2100 E. GRAND AVE.
SUITE A-267
EL SEGUNDO CA 90245
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/22/1988

3a. Date of Last Report
04/11/1995

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VP

☐ DELETE

NAME

BAKER, RALPH E.

STREET ADDRESS

3170 FAIRVIEW PARK DRIVE

CITY-ST-ZIP

FALLS CHURCH VA

TITLE

VTD

☐ DELETE

NAME

LEVEL, LEON J.

STREET ADDRESS

2100 E. GRAND AVE.

CITY-ST-ZIP

EL SEGUNDO CA

TITLE

VSD

☐ DELETE

NAME

FISS, HAYWARD D.

STREET ADDRESS

2100 E. GRAND AVE.

CITY-ST-ZIP

EL SEGUNDO CA

TITLE

AS

☐ DELETE

NAME

BERNSTEIN, HARVEY N.

STREET ADDRESS

6521 ARLINGTON BLVD.

CITY-ST-ZIP

FALLS CHURCH VA

TITLE

T

☐ DELETE

NAME

IRVIN, THOMAS R.

STREET ADDRESS

2100 E. GRAND AVE.

CITY-ST-ZIP

EL SEGUNDO CA

TITLE

PD

☐ DELETE

NAME

ROBINSON, THOMAS C

STREET ADDRESS

3170 FAIRVIEW PARK DRIVE

CITY-ST-ZIP

FALLS CHURCH VA

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

AS

☒ Change

☐ Addition

4.2 NAME

Harvey N. Bernstein

4.3 STREET ADDRESS

3170 Fairview Pk Dr.

4.4 CITY-ST-ZIP

Falls Church, VA 22042

5.1 TITLE

AT

☒ Change

☐ Addition

5.2 NAME

Thomas R. Irvin

5.3 STREET ADDRESS

2100 E. Grand Ave.

5.4 CITY-ST-ZIP

El Segundo, CA 90245

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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

1/31/96

(310) 615-0311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)