

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90184 016 ***150.00

DOCUMENT # P28182

1. Entity Name
MANTECH AEGIS RESEARCH CORPORATION



Principal Place of Business
**7799 LEESBURG PIKE
SUITE 1100 NORTH
FALLS CHURCH VA 22043**

Mailing Address
**7799 LEESBURG PIKE
SUITE 1100 NORTH
FALLS CHURCH VA 22043**

2. Principal Place of Business

3. Mailing Address

12015 Lee Jackson Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fairfax, VA

4. FEI Number **54-1395845**

Applied For

Not Applicable

Zip

Country

Zip

Country

22033-3300 U.S.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☒ Delete
NAME **RIDEOUR, HARRY P.**
STREET ADDRESS **7799 LEESBURG PIKE #1100 N**
CITY-ST-ZIP **FALLS CHURCH VA 22043**

TITLE **President** ☐ Change ☒ Addition
NAME **R. Evans Hineman**
STREET ADDRESS **12015 Lee Jackson Highway**
CITY-ST-ZIP **Fairfax, VA 22033-3300**

TITLE **PD** ☒ Delete
NAME **GEIGER, WILLIAM H**
STREET ADDRESS **779 LEESBURG PIKE #1100 N**
CITY-ST-ZIP **FALLS CHURCH VA 22043**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Matthew P. Galaski**
STREET ADDRESS **12015 Lee Jackson Highway**
CITY-ST-ZIP **Fairfax, VA 22033-3300**

TITLE **S** ☒ Delete
NAME **GEIGER, LEE ANNE F.**
STREET ADDRESS **7799 LEESBURG PIKE #1100 N**
CITY-ST-ZIP **FALLS CHURCH VA 22043**

TITLE **Senior Vice President** ☐ Change ☒ Addition
NAME **Steve Catanzarita**
STREET ADDRESS **12015 Lee Jackson Highway**
CITY-ST-ZIP **Fairfax, VA 22033-3300**

TITLE **V** ☒ Delete
NAME **HUFFSTUTLER, ROBERT M.**
STREET ADDRESS **7799 LEESBURG PIKE #1100 N**
CITY-ST-ZIP **FALLS CHURCH VA 22043**

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
NAME **John A. Moore, Jr.**
STREET ADDRESS **12015 Lee Jackson Highway**
CITY-ST-ZIP **Fairfax, VA 22033**

TITLE **P** ☒ Delete
NAME **GEIGER, WILLIAM H**
STREET ADDRESS **7799 LEESBURG PIKE, STE 1100 NORTH**
CITY-ST-ZIP **FALLS CHURCH VA 22043**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Charles L. Curran**
STREET ADDRESS **12015 Lee Jackson Highway**
CITY-ST-ZIP **Fairfax, VA 22033-3300**

TITLE **V** ☒ Delete
NAME **DORLAND, GARY**
STREET ADDRESS **7799 LEESBURG PIKE, STE 1100 NORTH**
CITY-ST-ZIP **FALLS CHURCH VA 22043**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **Christine A. Lancaster**
STREET ADDRESS **12015 Lee Jackson Highway**
CITY-ST-ZIP **Fairfax, VA 22033-3300**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

(703) 218-6000

SIGNATURE:

Christine A. Lancaster

Assistant Secretary, Christine A. Lancaster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0622028 AT

CR2E034 (10/02)