FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P29943** **(8)**

1. Corporation Name

HALIFAX TECHNICAL SERVICES, INC.

Principal Place of Business
5250 CHEROKEE AVE.
ALEXANDRIA VA 22312-2052

Mailing Address
5250 CHEROKEE AVE.
ALEXANDRIA VA 22312-2052

3. Date Incorporated or Qualified: **06/26/1990**

3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business (21)
Suite, Apt. #, etc (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **54-1352219** — 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 (Signature of a corporate officer or director of the corporation listed above) (Note: Registered Agent signature required if name is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLS, HOWARD C.	1.2 NAME	
STREET ADDRESS	RT. 1 BOX 55G	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROAD RUN VA	1.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITHSON, RICHARD J.	2.2 NAME	
STREET ADDRESS	3 CREEK COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS MD	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHERWOOD, JAMES L.	3.2 NAME	
STREET ADDRESS	4824 KING SOLOMON DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANNANDALE VA	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCURLOCK, ARCH C.	4.2 NAME	
STREET ADDRESS	1753 ARMY NAVY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GROVER, JOHN H.	5.2 NAME	
STREET ADDRESS	2339 49TH ST., N.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PURVIS, STAFFORD, D	6.2 NAME	
STREET ADDRESS	915 E PIERSON AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	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: Richard J. Smithson, VP/Treasurer — Jan. 24, 1996 — (703)750-2202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)