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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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	PD	<input type="checkbox"/> DELETE
NAME	MILLS, HOWARD C.	
STREET ADDRESS	RT. 1 BOX 55G	
CITY-ST-ZIP	BROAD RUN VA	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SMITHSON, RICHARD J.	
STREET ADDRESS	3 CREEK COURT	
CITY-ST-ZIP	WHITE PLAINS MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHERWOOD, JAMES L.	
STREET ADDRESS	4824 KING SOLOMON DR.	
CITY-ST-ZIP	ANNANDALE VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCURLOCK, ARCH C.	
STREET ADDRESS	1753 ARMY NAVY DR.	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROVER, JOHN H.	
STREET ADDRESS	2339 49TH ST., N.W.	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PURVIS, STAFFORD, D	
STREET ADDRESS	915 E PIERSON AVE	
CITY-ST-ZIP	LYNN HAVEN FL	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John D'Amore
1.3 STREET ADDRESS	VP Controller Finance
1.4 CITY-ST-ZIP	5250 Cherokee Ave
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alexandria Va 22312
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)