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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P31294** **(2)**

1. Corporation Name

BDM MANAGEMENT SERVICES COMPANY

Principal Place of Business	Mailing Address
1501 BDM WAY MCLEAN VA 22102 US	1501 BDM WAY MCLEAN VA 22102 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/12/1990	05/01/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 54-1563778	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	ODEEN, PHILIP A.	12 NAME		
STREET ADDRESS	1501 BDM WAY	13 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA	14 CITY-ST-ZIP		
TITLE	VCD	21 TITLE	V/D	☒ Change ☐ Addition
NAME	CONWAY, WILLIAM E. JR.	22 NAME		
STREET ADDRESS	1001 PENN. AVE.,NW, #220	23 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	V/S	☒ Change ☐ Addition
NAME	MCCABE, JOHN F.	32 NAME		
STREET ADDRESS	1501 BDM WAY	33 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	Delete	☒ Change ☐ Addition
NAME	MRUZ, MICHAEL, J	42 NAME		
STREET ADDRESS	1501 BDM WAY	43 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE	V	☒ Change ☐ Addition
NAME	SWEENEY, WILLIAM, E, JR	52 NAME	Young, Roger A.	
STREET ADDRESS	1501 BDM WAY	53 STREET ADDRESS	1501 BDM Way	
CITY-ST-ZIP	MCLEAN VA	54 CITY-ST-ZIP	McLean, VA 22102	
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	HUNTZINGER, JUDITH, N	62 NAME		
STREET ADDRESS	1501 BDM WAY	63 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA	64 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)(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: Judith N. Huntzinger **Judith N. Huntzinger** **Senior Vice President** **(703) 848-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

039700 FP