

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 # P31294 (2)

1. Corporation Name

BDM MANAGEMENT SERVICES COMPANY



Principal Place of Business

1501 BDM WAY  
MCLEAN VA 22102  
US

Mailing Address

1501 BDM WAY  
MCLEAN VA 22102  
US

3. Date Incorporated or Qualified  
10/12/1990

3a. Date of Last Report  
05/01/1995

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

29 30

4. FEI Number

54-1563778

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

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 registrant is required and must be a shareholder)

Signature (Typed or printed name of registrant is required and must be a shareholder)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ODEEN, PHILIP A.  
STREET ADDRESS 1501 BDM WAY  
CITY-ST-ZIP MCLEAN VA ☐ DELETE

TITLE VD  
NAME CONWAY, WILLIAM E. JR.  
STREET ADDRESS 1001 PENN. AVE., NW, #220  
CITY-ST-ZIP WASHINGTON DC ☐ DELETE

TITLE VS  
NAME MCCABE, JOHN F.  
STREET ADDRESS 1501 BDM WAY  
CITY-ST-ZIP MCLEAN VA ☐ DELETE

TITLE TD  
NAME MRUZ, MICHAEL, J  
STREET ADDRESS 1501 BDM WAY  
CITY-ST-ZIP MCLEAN VA ☒ DELETE

TITLE V  
NAME YOUNG, ROGER A.  
STREET ADDRESS 1501 BDM WAY  
CITY-ST-ZIP MCLEAN VA ☐ DELETE

TITLE V  
NAME HUNTZINGER, JUDITH, N  
STREET ADDRESS 1501 BDM WAY  
CITY-ST-ZIP MCLEAN VA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add on

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Add on

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Add on

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add on

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add on

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add on

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.

Judith N. Huntzinger-Senior Vice President

SIGNATURE: *Judith N. Huntzinger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

703/848-5000

Daytime Phone #

CR2E034 (12/95)