


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 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 # 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 22102-3200 US																																																	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/12/1990 3a. Date of Last Report 05/01/1996 4. FEI Number 54-1563778 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																				
12. OFFICERS AND DIRECTORS <table border="1"> <thead> <tr> <th>TITLE</th> <th>NAME</th> <th>STREET ADDRESS</th> <th>CITY - ST - ZIP</th> <th><input type="checkbox"/> DELETE</th> </tr> </thead> <tbody> <tr> <td>PO</td> <td>ODEEN, PHILIP A.</td> <td>1501 BDM WAY</td> <td>MCLEAN VA</td> <td><input type="checkbox"/></td> </tr> <tr> <td>VD</td> <td>CONWAY, WILLIAM E. JR.</td> <td>1001 PENN. AVE., NW, #220</td> <td>WASHINGTON DC</td> <td><input type="checkbox"/></td> </tr> <tr> <td>VS</td> <td>MCCABE, JOHN F.</td> <td>1501 BDM WAY</td> <td>MCLEAN VA</td> <td><input type="checkbox"/></td> </tr> <tr> <td>TD</td> <td>MRUZ, MICHAEL, J</td> <td>1501 BDM WAY</td> <td>MCLEAN VA</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>V</td> <td>YOUNG, ROGER A.</td> <td>1501 BDM WAY</td> <td>MCLEAN VA</td> <td><input type="checkbox"/></td> </tr> <tr> <td>V</td> <td>HUNTZINGER, JUDITH, N</td> <td>1501 BDM WAY</td> <td>MCLEAN VA</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>						TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE	PO	ODEEN, PHILIP A.	1501 BDM WAY	MCLEAN VA	<input type="checkbox"/>	VD	CONWAY, WILLIAM E. JR.	1001 PENN. AVE., NW, #220	WASHINGTON DC	<input type="checkbox"/>	VS	MCCABE, JOHN F.	1501 BDM WAY	MCLEAN VA	<input type="checkbox"/>	TD	MRUZ, MICHAEL, J	1501 BDM WAY	MCLEAN VA	<input checked="" type="checkbox"/>	V	YOUNG, ROGER A.	1501 BDM WAY	MCLEAN VA	<input type="checkbox"/>	V	HUNTZINGER, JUDITH, N	1501 BDM WAY	MCLEAN VA	<input type="checkbox"/>	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <thead> <tr> <th>TITLE</th> <th>NAME</th> <th>STREET ADDRESS</th> <th>CITY - ST - ZIP</th> <th><input type="checkbox"/> Change <input type="checkbox"/> Addition</th> </tr> </thead> <tbody> <tr> <td>D</td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	D				<input checked="" type="checkbox"/>
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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: *Judith N. Huntzinger, Corporate Vice President*

4/22/97

703-848-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0009387

CR2E034 (9/96)