

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90161 046 \*\*\*158.75

**DOCUMENT # P31647**

1. Corporation Name  
**TUDOR ENGINEERING COMPANY**

Principal Place of Business

C/O C. HATHAWAY  
9300 LEE HIGHWAY RM 1044  
FAIRFAX VA 22031-1207  
US

Mailing Address

C/O C. HATHAWAY  
9300 LEE HIGHWAY RM. 1044  
FAIRFAX VA 22031-1207  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/29/1990**

4. FEI Number

**94-3107741**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional

Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 c/o S. Little**

2a. Mailing Address

**26 c/o S. Little**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **WILLIAMS, JOHN**  
STREET ADDRESS **2101 WEBSTER STREET, SUITE 1000**  
CITY-ST-ZIP **OAKLAND CA 94612**

TITLE **S** ☐ DELETE  
NAME **WEEKS, PAUL II**  
STREET ADDRESS **9300 LEE HIGHWAY**  
CITY-ST-ZIP **FAIRFAX VA 22031**

TITLE **VAS** ☐ DELETE  
NAME **BONITZ, RICHARD E**  
STREET ADDRESS **2101 WEBSTER STREET, SUITE 1000**  
CITY-ST-ZIP **OAKLAND CA 94612**

TITLE **VPAS** ☒ DELETE  
NAME **HATHAWAY, CYNTHIA L.**  
STREET ADDRESS **9300 LEE HIGHWAY**  
CITY-ST-ZIP **FAIRFAX VA 22031**

TITLE **DEVP** ☒ DELETE  
NAME **WATSON, DAVID**  
STREET ADDRESS **9300 LEE HIGHWAY**  
CITY-ST-ZIP **FAIRFAX VA 22031**

TITLE **TR** ☒ DELETE  
NAME **CAMPBELL, KENNETH**  
STREET ADDRESS **9300 LEE HIGHWAY**  
CITY-ST-ZIP **FAIRFAX VA 22031**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition  
1.2 NAME **John Williams**  
1.3 STREET ADDRESS **9300 Lee Highway**  
1.4 CITY-ST-ZIP **Fairfax, VA 22031-1207**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **Assistant Treasurer** ☐ Change ☒ Addition  
4.2 NAME **Shaun M. Martin**  
4.3 STREET ADDRESS **9300 Lee Highway**  
4.4 CITY-ST-ZIP **Fairfax, VA 22031-1207**

5.1 TITLE **Director and EVP** ☐ Change ☒ Addition  
5.2 NAME **Richard A. Leupen**  
5.3 STREET ADDRESS **9300 Lee Highway**  
5.4 CITY-ST-ZIP **Fairfax, VA 22031-1207**

6.1 TITLE **Treasuer** ☐ Change ☒ Addition  
6.2 NAME **Timothy P. O'Connor**  
6.3 STREET ADDRESS **9300 Lee Highway**  
6.4 CITY-ST-ZIP **Fairfax, VA 22031-1207**

14. I 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, with all other like empowered.

SIGNATURE:

*Paul Weeks* **Paul Weeks** II / Secretary

**4-28-99**

Date

**703/934-3600**

Daytime Phone #

CR2E034 (11/98)