

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:20

DOCUMENT # P32738

(7)

1. Corporation Name

LEGENT CORPORATION

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/07/1991

3a. Date of Last Report
04/27/1994

4. FEI Number
25-1589745

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

25
Country

USA

28
Zip

30
Country

USA

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 of Registered Agent or other person authorized to file this report

Signature of Registered Agent (Signature required when recording)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	HENSON, JOE M.
STREET ADDRESS	8615 WESTWOOD CENTER DR
CITY, ST, ZIP	VIENNA VA
TITLE	VD
NAME	WETMORE, DAVID C
STREET ADDRESS	7965 NORTH HIGH STREET
CITY, ST, ZIP	COLUMBUS OH
TITLE	PD
NAME	BURTON, JOHN F.
STREET ADDRESS	9091 EATON PK DR
CITY, ST, ZIP	GREAT FALLS VA
TITLE	VP
NAME	ROBERT JONES
STREET ADDRESS	4531 PINWOOD LANE
CITY, ST, ZIP	ALLISON PARK PA
TITLE	VP
NAME	DAWSON BRENDAN J
STREET ADDRESS	9402 TURNBERRY DR
CITY, ST, ZIP	POTOMAC MD
TITLE	V
NAME	DRUMMEY, WILLIAM J
STREET ADDRESS	15 MILDBRED CIR
CITY, ST, ZIP	CONCORD MA

1. TITLE	PD	☒ Change ☐ Addition
2. NAME	JERRE STEAD	
3. STREET ADDRESS	515 HERNDON PKWY	
4. CITY, ST, ZIP	HERNDON, VA 22070	
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	DAVID WETMORE	
2.3 STREET ADDRESS	580 WALKER ROAD	
2.4 CITY, ST, ZIP	GREAT FALLS, VA 22066	
3.1 TITLE	V	☒ Change ☐ Addition
3.2 NAME	CHRISTINE PITTMAN	
3.3 STREET ADDRESS	11930 HOLLY SPRING DRIVE	
3.4 CITY, ST, ZIP	GREAT FALLS, VA 22066	
4.1 TITLE	ART PUMD V	☒ Change ☐ Addition
4.2 NAME	420 HEIGHTS DRIVE	
4.3 STREET ADDRESS	GIBSONIA, PA 18044	
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE	V	☒ Change ☐ Addition
6.2 NAME	FRANCHON SMITHSON	
6.3 STREET ADDRESS	13028 Grey Friars Place	
6.4 CITY, ST, ZIP	HERNDON, VA 22071	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 an incorporator 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 officer listed with an address.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT OR OTHER OFFICER OR DIRECTOR

TREASURER

2/14/95 (416) 444-1500
S.V.P. and CEO 2-16-95 703-708-3000