

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

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P33542 (2)
1. Corporation Name

MYSTECH ASSOCIATES, INC.

REINSTATEMENT 96-97

Principal Place of Business

**943 North Road
Groton, CT 06340
USA**

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Groton, CT 06340
USA**

3. Date Incorporated or Qualified
04/12/1991

3a. Date of Last Report
03/28/95

2. Principal Place of Business
21 **943 North Road**

2a. Mailing Address
26 **943 North Road**

4. FEI Number
06-0872497

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 **Groton, CT**

27 City & State
28 **Groton, CT**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip Country
06340 USA

29 Zip Country
06340 USA

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, to the State of Florida. Such change was authorized by the 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.

**VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

June 2, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **TV**
STREET ADDRESS **BRACCI, STEVEN P.**
CITY - ST - ZIP **8307 SILVERTHORN ROAD
FAIRFAX STATION, VA 22039**

11 TITLE ☐ Change ☐ Addition
12 NAME **100002220691**
13 STREET ADDRESS **-06/24/97--01002--012**
14 CITY - ST - ZIP *******915.00 *****915.00**

TITLE ☐ DELETE
NAME **VSD**
STREET ADDRESS **DREGHORN, RICHARD T.**
CITY - ST - ZIP **25 HANGMAN HILL ROAD
NORTH STONINGTON, CT 06359**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MANN, ROBERT M.**
CITY - ST - ZIP **341 RIVER BEND ROAD
GREAT FALLS, VA 22066**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **YOUNG, DAVID L.**
CITY - ST - ZIP **6113 TAMMY DRIVE
ALEXANDRIA, VA 22310**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **COTTER, ROBERT J. JR**
CITY - ST - ZIP **7310 JENNA ROAD
SPRINGFIELD, VA 22153**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 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 I am an officer or director of the corporation with an address.

SIGNATURE:

Richard T. Dregghorn, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

(860)445-1995

Date

Daytime Phone #

CR2E034 (9/96)