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

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 23 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38635 (9)

1. Corporation Name
COMPTEK FEDERAL SYSTEMS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 110 BROADWAY<br>BUFFALO NY 14203 | 110 BROADWAY<br>BUFFALO NY 14203<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/05/1992
3a. Date of Last Report: 03/03/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 Comptek Federal Systems Inc | 26 Comptek Federal Systems Inc. |
| Suite, Apt. #, etc.<br>22 2732 Transit Road | Suite, Apt. #, etc.<br>27 2732 Transit Road |
| City & State<br>23 Buffalo New York | City & State<br>28 Buffalo New York |
| Zip / Country<br>24 14224 / 25 Erie | Zip / Country<br>29 14224 / 30 Erie |

4. FEI Number: 16-1411419 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PCD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCIUTO, JOHN J. | 1.2 NAME | |
| STREET ADDRESS | 6392 BLACK WALNUT COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | E AMHERST NY | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | WOLLETT, DONALD H. | 2.2 NAME | |
| STREET ADDRESS | 1917 GREY FRIARS CHASE | 2.3 STREET ADDRESS | DELETE NAME |
| CITY-ST-ZIP | VIRGINIA BEACH VA | 2.4 CITY-ST-ZIP | |
| TITLE | V | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | HERRICK, GLENN W. | 3.2 NAME | |
| STREET ADDRESS | 4425 CARRICO DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ANNANDALE VA | 3.4 CITY-ST-ZIP | |
| TITLE | V | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | MCDOWALL, GARY | 4.2 NAME | |
| STREET ADDRESS | 631 MISSION DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAMARILLO CA | 4.4 CITY-ST-ZIP | |
| TITLE | V | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | PROBST, LAWRENCE E. | 5.2 NAME | |
| STREET ADDRESS | 10710 ROSEWOOD LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLARENCE NY | 5.4 CITY-ST-ZIP | |
| TITLE | STD | 6.1 TITLE | ☒ Change ☐ Addition |
| NAME | HEAD, CHRISTOPHER A. | 6.2 NAME | |
| STREET ADDRESS | 3311 CALVANO DRIVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAND ISLAND NY | 6.4 CITY-ST-ZIP | GRAND ISLAND NY |

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.

SIGNATURE: Paul M Tyrpak Paul M. Tyrpak, Controller 3/15/95 (716) 677-4070
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0474042 FP