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May 12 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 # P38635 (9)

1. Corporation Name
COMPTek FEDERAL SYSTEMS, INC.

Principal Place of Business
COMPUTER FEDERAL SYSTEMS, INC.
2732 TRANSIT RD
BUFFALO NY 14224
US

Mailing Address
2732 TRANSIT RD
BUFFALO NY 14224-2523
US

3. Date Incorporated or Qualified 05/05/1992
3a. Date of Last Report 01/31/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 16-1411419		Applied For	
21 Suite Apt # etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRICK, GLENN W.	2.2 NAME	
STREET ADDRESS	4425 CARRICO DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANNANDALE VA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWALL, GARY	3.2 NAME	
STREET ADDRESS	631 MISSION DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAMARILLO CA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROBST, LAWRENCE E.	4.2 NAME	
STREET ADDRESS	10710 ROSEWOOD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLARENCE NY	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAD, CHRISTOPHER A.	5.2 NAME	
STREET ADDRESS	3311 CALVANO DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND NY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: SECRETARY 4/30/97 716-677-4070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)