

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

FILED

Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P38656** (5)
1. Corporation Name
MLC GROUP, INC.

Principal Place of Business 11150 SUNSET HILLS ROAD SUITE 110 RESTON VA 20190 US	Mailing Address 11150 SUNSET HILLS ROAD SUITE 110 RESTON VA 20190 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/05/1992	
21 Suite, Apt #, etc	26	27 Suite, Apt #, etc	28	4. FEI Number 54-1569467	Applied For ☐ Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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	
				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

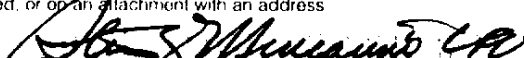
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CFO	☐ DELETE	1.1 TITLE	Exec. VICE PRESIDENT	☒ Change ☐ Addition
NAME	BOWEN, BRUCE M.		1.2 NAME		
STREET ADDRESS	10895 LAKE WINDEMERE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREAT FALLS VA		1.4 CITY-ST-ZIP		
TITLE	PCEO	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	NORTON, PHILLIP G		2.2 NAME		
STREET ADDRESS	1019 BASIL ROAD		2.3 STREET ADDRESS	11160 CHAIN BRIDGE ROAD	
CITY-ST-ZIP	MCLEAN VA		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PARKHURST, KLEYTON		3.2 NAME		
STREET ADDRESS	605 ABBOTT LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FALLS CHURCH VA		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	CFO	☐ Change ☒ Addition
NAME			4.2 NAME	Steven J. Mancarini	
STREET ADDRESS			4.3 STREET ADDRESS	1921 Batten Hollow Road	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Vienna, VA 22182	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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

SIGNATURE:



(703) 834-5710

CR2E034 (10/97)