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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P38936** **(1)**

1. Corporation Name
SYSTEMS ENGINEERING SOLUTIONS, INCORPORATED

300001490303
-05/17/95--01033--006
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2301 GALLOWS RD. SUITE 200 DUNN LORING VA 22027	2301 GALLOWS RD. SUITE 200 DUNN LORING VA 22027

3. Date Incorporated or Qualified: **05/22/1992**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **54-1430757** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / 29; Country — 25 / 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BURLINGAME, JOHN
8721 MAIN STREET
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 7260 Loch Ness Dr.
84 City Miami Lakes FL 85 Zip Code 33014

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	DCP	11 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, ROY	12 NAME	
STREET ADDRESS	10711 MILLER RD	13 STREET ADDRESS	
CITY-ST-ZIP	OAKTON VA	14 CITY-ST-ZIP	
TITLE	DVC	21 TITLE	☐ Change ☐ Addition
NAME	CIANFLONE, JOHN	22 NAME	
STREET ADDRESS	2411 HOLT ST.	23 STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA	24 CITY-ST-ZIP	
TITLE	VPS	31 TITLE	☐ Change ☐ Addition
NAME	CIANFLONE, JOHN	32 NAME	
STREET ADDRESS	2411 HOLT ST.	33 STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	CIANFLONE, JOHN	42 NAME	
STREET ADDRESS	2411 HOLT ST.	43 STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: John Cianflone, John Cianflone **5/6/95** (703) 573-4366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0307704 FP