## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham. -

Secretary of State DIVISION OF CORPORATIONS

1996

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

21

P95000070560 (4) **DOCUMENT #** 1. Corporation Name

DELTEK SERVICES, INC.

Principal Place of Business Mailing Address 6513 SW 112TH PLACE 6513 SW 112TH PLACE MIAMI FL 33176 MIAMI FL 33176

2a. Mailing Address

LOW W PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suite, Apt. #, etc.

26



3a. Date of Last Report

タン・ソフィーク 573

Applied For

Not Applicable

3. Date Incorporated or Qualified 09/11/1995

65-1617085

4. FEI Number

| 22  |   | 27                                     | pt. #, 616.                                    |                |   | 5. Certificate of Status Desired  |                                  |               | Additional<br>equired |                 |
|---|---|--|--|----------------|---|---|----------------------------------|---------------|-----------------------|-----------------|
| City & Stal                                     | te  | City & S                               | tate   |                |   | 6. Election Campaign Financing  |                                  |               | May Be                | $\dashv$        |
| Zip   | Country   | 28                                     |  |                |   | Trust Fund Contribution   |                                  |               | to Fees               |                 |
| 24  | han han ""  |  |  | ountry         | ,   | 8. This corporation has liability for intangible tax under s 199.032,       |                                  |               |                       | 1               |
| 9. Name and Address of Current Registered Agent |   |  |  |                |   | Florida Statutes Yes No   |                                  |               |                       | ļ               |
|   |   | on riegistered Ag                      | 514L   | 81             | Name  | 10. Name and Address of New F   | registered /                     | Agent         |                       |                 |
| DELANEY, RICHARD J JR.                          |   |  |  |                | Traine  |   |                                  |               |                       |                 |
| 6513 SW 112TH PLACE<br>MIAMI FL 33176           |   |  |  | 82             | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                                  |               |                       |                 |
|   |   |  |  |                |   |   |                                  |               |                       |                 |
|   |   |  |  | 83             |   |   |                                  |               |                       | 1               |
|   |   |  |  | 84             | Crty  |   |                                  | les l         | 0. 1                  | _               |
| 11. Pursuant                                    | to the provisions of Sections 607 050   | 12 and 607 1500 FI                     |  | <u>.L.[</u>    | Ļ   |   | FL                               |               | Code                  |                 |
| Or register                                     | to the provisions of Sections 607,050<br>red agent, or both, in the State of Flo<br>ith, and accept the obligations of, Sec | rida. Such change v                    | onda Statutes, the ab<br>vas authorized by the | ove n<br>corpo | iamed corporation's board.                            | tion submits this statement for the pur                                     | pose of char                     | nging its rec | gistered office       | ָּהָי,          |
| 10-17/11(21 14)                                 | ith, and accept the obligations of, Sec   | ction 607.0505, Flor                   | ida Statutes.                                  |                | and to boat a   | or directors. Thereby accept the app  | ointment as i                    | registered a  | gent. I am            |                 |
| SIGNATURE .                                     | Signature, typeshor princed come of registered ages   | . Consumer of the second               |  |                |   |   |                                  |               |                       | -               |
| 12.   |   | ND DIRECTORS                           |  | d Ageel        | l signature required w                                |   | DATE                             |               |                       | ج ا             |
| Trile   |   | ELMAY JE                               | 13.<br>DELETE 1.1                              |                |   | ADDITIONS/CHANGES TO OFF  | CERS AND                         | DIRECTORS     | S IN 12               | 78              |
| NAME  | President 1, DI   | て・ヒハ・ノン                                |  |                |   |   |                                  | ] Change      | Addition              | ]은              |
| STREET ADDRESS                                  | 6513 SW. 112th PLACE SECTIONS<br>MINMI, 71 33176  |  |  | IAME           |   |   |                                  |               |                       | CR2E034 (12/95) |
| CITY-S1-ZIP                                     |   |  |  |                | ADDRESS   |   |                                  |               |                       |                 |
| TITLE   |   |  | DOLLER   | ITY-SI         | -ZIP  |   |                                  |               |                       | 2               |
| NAME  |   | L)                                     |  |                |   |   |                                  | Change [      | Addition              | 70              |
| STREET ADDRESS                                  |   |  | 22 N   |                |   |   |                                  |               |                       |                 |
| CITY-ST-ZiP                                     |   |  |  |                | ADDRESS   |   |                                  |               |                       |                 |
| TITLE   |   | רזו                                    |  | IY-SI          | - ZIP   |   |                                  |               |                       | 1               |
| NAME  |   | <b>□</b> ,                             | 5. 1 1   |                |   |   |                                  | Change [      | Addition              | 1               |
| STREET ADDRESS                                  |   |  | 32 N   |                |   |   |                                  |               |                       | ĺ               |
| CITY-ST-7IP                                     |   |  |  |                | ADDRESS   |   |                                  |               |                       | ļ               |
| TITLE   |   | —————————————————————————————————————— | 0ELETE 4.1T                                    | TY - \$1       | - ZIP   |   |                                  |               |                       |                 |
| NAME  |   | ٠ ر ـ ـ                                |  |                |   |   |                                  | Change [      | Addition              | 1               |
| STREET ADDRESS                                  |   |  | 4.2 N  |                |   |   |                                  |               |                       |                 |
| CiTY-ST-ZIP                                     |   |  |  |                | DDRESS  |   |                                  | a1            | 0                     | 1               |
| TITLE   |   | Fin                                    | 4.4 CI<br>ELETE 5.11                           | [Y-S]-         | ZIP   |   | 1                                | 300           | <i>μ</i>              | ļ               |
| NAME  |   | _ ·                                    | 0 1 1.   |                |   | /   | / ノ口                             | Change' [     | Addition              |                 |
| STREET ADDRESS                                  |   |  | 5.2 N/   |                |   | 4   | $\wedge$ $$                      |               |                       |                 |
| CITY-ST-ZIP                                     |   |  |  |                | DORESS  |   | ノル                               |               |                       | İ               |
| TITLE   |   |  | FLEXA  | Y-SI-          | ZIP   |   |                                  |               |                       | l               |
| NAME  |   |  |  |                |   |   |                                  | Change [      | Addition              | l               |
| STREET ADDRESS                                  |   |  | 6.2 NA   |                |   |   |                                  |               |                       | l               |
| CITY-ST-ZIP                                     |   |  |  |                | DORESS . 9  | Ro Wal  | -1                               | t ~~          | ~ <b>~</b>            |                 |
| 14. Ldo bereby                                  | certify that the information supplied with the information indicated on this annu-  | with this filing is volu               |  | Y-SI-,         |   | Junk depo   | SU                               | 16HY          | 1)00                  |                 |
| certify that t<br>oath; that (                  | the information indicated on this annular am an officer or director of the orpo   | ial report or supplen                  | nental annual report is                        | true           | and accurate a  | ne exemption stated in Section 119.0 and that my signature shall have the s | 7(3)(k), Florid<br>ame legal eff | a Statutes.   | Tfurther              |                 |
| appears in E                                    | am an officer or director of the orpo<br>Block 12 or Block 13 it change, or o   | n an attachment wi                     | i or trustee empower<br>In an address.         | ed to          | execute this rep                                      | port as required by Chapter 607, Flor                                       | ida Statutes;                    | and that m    | y name                |                 |