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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000070560 (4)

DELTEK SERVICES, INC.

FILED Jul 14 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 6513 SW 112TH PLACE 6513 SW 112TH PLACE MIAMI FL 33178 MIAMI FL 33173-1980						
				3. Date theorporated or Qualific 09/11/1995	ed 3a. Date of Last Re 05/01/1996	port
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	 	olied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.			CO 75		Applicable
22	27]			5. Certificate of Status Desired	Fee Rec	
City & State				6. Election Campaign Financin	9 \$5.00 h	√lay Bo
23	28			Trust Fund Contribution	Added to	Fees
Zip Country	Zip Country		У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ▼ Yes □ No		
24 25 9, Name and Address of C	29 urrent Registered Agent	30		Florida Statutes 10. Name and Address of New		
DELANEY, RICHARD J JR.		81	Name			
6513 SW 112TH PLACE	,	82	2 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33176			<u> </u>	TO DON HAMILION TO NOT ACCO.		
		83	1			
	•	84	City		85 Zip C	ode
11. Pursuant to the provisions of Sections 60	7.0502 and 607.1508. Florida Stat	tutes the show	ro named con	noration submits this statement for t	FL be number of changing its	registered
office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE Signature, typed or printed name of register.	obligations of, Section 607,0505,	Florida Statute	S.	ired wit on reinstal tig)	DATE	··
	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO O		
TITLE POST NAME DELANDY, RICHARD J	DELETE	1.1 TITLE	}		L Change	L_ Addition
STREET ADDRESS 8513 SW 112TH PLACE		1.2 NAME	T ADDRESS			
CITY-ST-ZIP MIAMI FL 33176	T T		ST-ZIP			
TITLE	DELETE	2.1 TITLE	51 211		Change	Addition
NAME		2.2 NAME				
STREET ADDRESS		23 STHEE	T ADDRESS			
City-ST-ZiP	T or tre	2 4 CiTY	ST-ZIP			T Large
TITLE NAME	DELETE	3.1 THTLE 3.2 NAME			[_] Change	Addition
STREET ADDRESS			T ADDRESS			
CITY-ST-ZIP		3.3.3 THEE	1			
TITLE	DELETE	4.1 TITLE			Change	Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	DELETE	4.4 Cily -	\$1-2IP		Change	Addition
TITLE	L DITEIF	5 1 TITLE			☐ Change	Addition
NAME Street address		5.2 NAME	T ADDRESS			}
CITY-ST-ZIP		5.4 CITY-				
TITLE	DELETE	6.1 TILLE	DI 211		Change	Addition
NAME	-	G.2 NAMÉ]		_ *	
STREET ADDRESS		6.3 STREE	T ADDRESS			
City-ST-ZiP		64 CITY-	S1 - 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 13 if changes, or on an attachment with an address.