

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90032 044 \*\*\*158.75

DOCUMENT # S66406 \

1. Corporation Name

MTS Technologies, Inc.

Principal Place of Business

Mailing Address

200 West Forsyth St.  
Suite 1730  
Jacksonville, FL 32202  
US

200 West Forsyth St.  
Suite 1730  
Jacksonville, FL 32202  
US

DO NOT WRITE IN THIS SPACE

23. Date Incorporated or Qualified

07/16/1991

2. Principal Place of Business

2a. Mailing Address

21 2800 Shirlington Road

26 2800 Shirlington Road

4. FEI Number

Applied For

59-3082029

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1000

27

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

City & State

City & State

23 Arlington, Virginia

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 22206

25

USA

29

30

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Draughon, Richard Scott  
200 West Forsyth Street  
Suite 1730  
Jacksonville, Florida 32202

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

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 PDTS ☐ DELETE

NAME Perkins, Daniel T

STREET ADDRESS 200 West Forsyth Street, Suite 1730

CITY-ST-ZIP Jacksonville, FL 32202

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☒ Change ☐ Addition

1.3 2800 Shirlington Road

Suite 1000

1.4 Arlington, Virginia 22206

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(703) 575-2950

Date

Daytime Phone #

CR2E034 (11/98)