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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 857636

(5)

1. Corporation Name

HALIFAX ENGINEERING, INC.

Principal Place of Business

5250 CHEROKEE AVE.
ALEXANDRIA VA 22312-2052

Mailing Address

5250 CHEROKEE AVE.
ALEXANDRIA VA 22312-2052



3. Date Incorporated or Qualified

09/06/1983

3a. Date of Last Report

01/30/1996

4. FEI Number

54-0829246

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLS, HOWARD C.	
STREET ADDRESS	ROUTE 1	
CITY-ST-ZIP	BROAD RUN VA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUFFNER, ERNEST L.	
STREET ADDRESS	2346 S. NASH ST.	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	SMITHSON, RICHARD J.	
STREET ADDRESS	3 CREEK COURT	
CITY-ST-ZIP	WHITE PLAINS MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROVER, JOHN, H	
STREET ADDRESS	2339 49TH ST NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	SCURLOCK, ARCH C.	
STREET ADDRESS	1753 ARMY-NAVY DR.	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	MORRELL, DONALD, R	
STREET ADDRESS	RT 4	
CITY-ST-ZIP	LEESBURG VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	John D. D'Amore	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VP of Controller Finance	
1.3 STREET ADDRESS	5250 Cherokee Ave	
1.4 CITY-ST-ZIP	Alexandria VA 22312	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/5/97 (703) 750-2202
Daytime Phone #

CR2E034 (9/96)