

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  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90036 045 \*\*\*150.00

DOCUMENT # 857636

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1983

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 PD ☒ DELETE  
NAME MILLS, HOWARD C.  
STREET ADDRESS ROUTE 1  
CITY-ST-ZIP BROAD RUN VA

TITLE SD ☐ DELETE  
NAME RUFFNER, ERNEST L.  
STREET ADDRESS 2346 S. NASH ST.  
CITY-ST-ZIP ARLINGTON VA

TITLE VP ☐ DELETE  
NAME D'AMORE, JOHN D  
STREET ADDRESS 5250 CHEROKEE AVE  
CITY-ST-ZIP ALEXANDRIA VA

TITLE D ☐ DELETE  
NAME GROVER, JOHN, H  
STREET ADDRESS 2339 49TH ST NW  
CITY-ST-ZIP WASHINGTON DC

TITLE DC ☐ DELETE  
NAME SCURLOCK, ARCH C.  
STREET ADDRESS 1753 ARMY-NAVY DR.  
CITY-ST-ZIP ARLINGTON VA

TITLE ☐ DELETE  
NAME *John D. Amore*  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE President and CFO ☒ Change ☐ Addition  
1.2 NAME John S. RETS  
1.3 STREET ADDRESS 5250 Cherokee Ave  
1.4 CITY-ST-ZIP Alexandria, VA 22312

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME Shorwood, James L  
2.3 STREET ADDRESS 5250 Cherokee Ave  
2.4 CITY-ST-ZIP Alexandria, VA 22312

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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. I am attaching with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)