

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

FILED
Jul 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001104 (6)
 1. Corporation Name
PACIFIC SCIENTIFIC SERVICE INC.



Principal Place of Business 620 NEWPORT CENTER DRIVE #700 NEWPORT BEACH CA 92660	Mailing Address 620 NEWPORT CENTER DRIVE #700 NEWPORT BEACH CA 92660
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11801 TECH ROAD Suite, Apt. #, etc. 22 City & State 23 SILVER SPRING MD Zip Country 24 20904 25 USA	2a. Mailing Address 26 11801 TECH ROAD Suite, Apt. #, etc. 27 City & State 28 SILVER SPRING Zip Country 29 20904 30 USA
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3. Date Incorporated or Qualified 03/04/1996	4. FEI Number 33-0684327	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature: typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	HILL, LESTER	
STREET ADDRESS	25281 ABILENE COURT	
CITY-ST-ZIP	LAGUNA HILLS CA	
TITLE	MONKOWSKI, JOSEPH R	<input checked="" type="checkbox"/> DELETE
NAME	1580 LAWRENCE ROAD	
STREET ADDRESS	CONVILLE CA 94500	
CITY-ST-ZIP		
TITLE	SVCD	<input checked="" type="checkbox"/> DELETE
NAME	PLAT, RICHARD V	
STREET ADDRESS	2027 BAYSIDE DRIVE	
CITY-ST-ZIP	CORONA DEL MAR CA 92625	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SWAN, PEER	
STREET ADDRESS	7 TERRAZA	
CITY-ST-ZIP	NEWPORT COAST CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PATRICK W. ALLONDA	
1.3 STREET ADDRESS	1250 24th STREET NW SUITE 800	
1.4 CITY-ST-ZIP	WASHINGTON DC 20037	
2.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVID L. SPILS	
2.3 STREET ADDRESS	11801 TECH ROAD	
2.4 CITY-ST-ZIP	SILVER SPRING MD 20904	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	C. SCOTT BRAUN	
3.3 STREET ADDRESS	1250 24th STREET NW SUITE 800	
3.4 CITY-ST-ZIP	WASHINGTON DC	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JAMES H. DITKOFF	
4.3 STREET ADDRESS	1250 24th STREET NW SUITE 800	
4.4 CITY-ST-ZIP	WASHINGTON DC 20037	
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 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: *David L Spils* *6/26/98* *(301) 668-7000*

CR2E034 (10/97)