

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90011 026 \*\*\*150.00

820220



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F99000004102**

1. Entity Name  
**EG&G TECHNICAL SERVICES, INC.**

Principal Place of Business | Mailing Address  
**900 CLOPPER ROAD, SUITE 200** | **900 CLOPPER ROAD, SUITE 200**  
**GAITHERSBURG MD 20878-1356** | **GAITHERSBURG MD 20878-1360**

2. Principal Place of Business | 3. Mailing Address  
 Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

4. FEI Number **51-0391628** | Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** | Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOLT, ALLAN M</b> <b>1001 PENNSYLVANIA AVE., NW, #220 SOUTH WASHINGTON DC 20004</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>YOUNGKIN, GLENN</b> <b>1001 PENNSYLVANIA AVE., NW WASHINGTON DC 20004</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LIPSCOMB, JOSEPH</b> <b>1001 PENNSYLVANIA AVE., NW, #220 SOUTH WASHINGTON DC 20004</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Manford T. Johnson</b> <b>900 Clopper Rd Suite 200 Gaithersburg, md 20878</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec/Trea/VP</b> <b>William Neeb</b> <b>900 Clopper Rd suite 200 Gaithersburg, md 20878</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Robert Rudisin VP</b> <b>900 Clopper Rd Suite 200 Gaithersburg, md 20878</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other IRE empowered.

SIGNATURE: William F Neeb **WILLIAM F NEEB** 3/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (9/99)