

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90079 012 ***150.00

0443915

DOCUMENT # F99000004102

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

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

| | |
|--------------------------------|--------------------|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---------------------|--|-------------|-----------|---------------|---|-------------|
| D | HOLT, ALLAN M | 1001 PENNSYLVANIA AVE., NW, #220 SOUTH WASHINGTON DC 20004 | | | | | |
| D | YOUNGKIN, GLENN | 1001 PENNSYLVANIA AVE., NW WASHINGTON DC 20004 | | | | | |
| D | LIPSCOMB, JOSEPH | 1001 PENNSYLVANIA AVE., NW, #220 SOUTH WASHINGTON DC 20004 | | | | | |
| P | JOHNSON, HANSFORD T | 900 CLOPPER RD SUITE 200 GAITHERSBURG MD 20878 | | President | George Melton | 900 Clopper Rd Suite 200 Gaithersburg, md 20878 | |
| STVP | NEEB, WILLIAM | 900 CLOPPER RD SUITE 200 GAITHERSBURG MD 20878 | | | | | |
| VP | RUCLISIN, ROBERT | 900 CLOPPER RD SUITE 200 GAITHERSBURG MD 20878 | | | | | |

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 like empowered.

SIGNATURE: William F Neeb WILLIAM F NEEB 1/12/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)