

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90141 014 ***150.00

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **51-0391628**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	HOLT, ALLAN M	
STREET ADDRESS	1001 PENNSYLVANIA AVE., NW, #220 SOUTH	
CITY-ST-ZIP	WASHINGTON DC 20004	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNGKIN, GLENN	
STREET ADDRESS	1001 PENNSYLVANIA AVE., NW	
CITY-ST-ZIP	WASHINGTON DC 20004	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIPSCOMB, JOSEPH	
STREET ADDRESS	1001 PENNSYLVANIA AVE., NW, #220 SOUTH	
CITY-ST-ZIP	WASHINGTON DC 20004	
TITLE	P	<input type="checkbox"/> Delete
NAME	MELTON, GEORGE	
STREET ADDRESS	900 CLOPPER RD SUITE 200	
CITY-ST-ZIP	GAITHERSBURG MD 20878	
TITLE	STVP	<input type="checkbox"/> Delete
NAME	NEEB, WILLIAM	
STREET ADDRESS	900 CLOPPER RD SUITE 200	
CITY-ST-ZIP	GAITHERSBURG MD 20878	
TITLE	VP Rudisin	<input type="checkbox"/> Delete
NAME	RUDISIN, ROBERT	
STREET ADDRESS	900 CLOPPER RD SUITE 200	
CITY-ST-ZIP	GAITHERSBURG MD 20878	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Signature Robert Rudisin* **1/10/01** **301-840-3082**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UNIFORM BUSINESS REPORT

CR2E034 (9/01)