


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90026 036 \*\*\*158.75

**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 20878-1356**

**04014900**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01142004      Chg-P      CR2E034 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MELTON, GEORGE</b>	
STREET ADDRESS	<b>900 CLOPPER RD SUITE 200</b>	
CITY-ST-ZIP	<b>GAITHERSBURG, MD 20878</b>	
TITLE	<b>STVP</b>	<input type="checkbox"/> Delete
NAME	<b>NEEB, WILLIAM</b>	
STREET ADDRESS	<b>900 CLOPPER RD SUITE 200</b>	
CITY-ST-ZIP	<b>GAITHERSBURG, MD 20878</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RUCLISIN, ROBERT</b>	
STREET ADDRESS	<b>900 CLOPPER RD SUITE 200</b>	
CITY-ST-ZIP	<b>GAITHERSBURG, MD 20878</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>200 ORCHARD RIDGE DR., SUITE 100</b>	
STREET ADDRESS	<b>GAITHERSBURG, MD 20878</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>200 ORCHARD RIDGE DR., SUITE 100</b>	
STREET ADDRESS	<b>GAITHERSBURG, MD 20878</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUDISIN, ROBERT</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>- SEE ATTACHED LIST -</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kristin L. Jones      **KRISTIN L. JONES, ASST. SECRETARY**      **1-4-04**      **415-774-2700**

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

Attachment

54012965

EG&G TECHNICAL SERVICES, INC.  
Document Number F99000004102

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	AINSWORTH, KENT P.
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MASTERS, JOSEPH
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	NELSON, DAVID C.
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> Delete	TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	YOUNG, STUART I.
STREET ADDRESS		STREET ADDRESS	200 Orchard Ridge Drive, Suite 100
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	WALLACE, DAVID
STREET ADDRESS		STREET ADDRESS	900 Clopper Road, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DONNELLY, MICHAEL
STREET ADDRESS		STREET ADDRESS	900 Clopper Road, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	WOTRING, RANDALL A.
STREET ADDRESS		STREET ADDRESS	900 Clopper Road, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VISTED, FRANK
STREET ADDRESS		STREET ADDRESS	900 Clopper Road, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ALLEN, LEX
STREET ADDRESS		STREET ADDRESS	900 Clopper Road, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	KENNEDY, JOHN
STREET ADDRESS		STREET ADDRESS	900 Clopper Road, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878

attachment

54012465

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ROBINSON, GREG
STREET ADDRESS		STREET ADDRESS	900 Clopper Road, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	BRUMMERSTEDT, CAROL
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	JONES, KRISTIN L.
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111