


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90311 019 ***158.75

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 600 Montgomery Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 25th Floor	
City & State		City & State San Francisco, CA	
Zip	Country	Zip	Country
		94111	USA
4. FEI Number 51-0391628		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P MELTON, GEORGE <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELTON, GEORGE	NAME	
STREET ADDRESS	200 ORCHARD RIDGE DR., STE. 100	STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG, MD 20878	CITY-ST-ZIP	
TITLE	STVP NEEB, WILLIAM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEB, WILLIAM	NAME	
STREET ADDRESS	200 ORCHARD RIDGE DR., STE. 100	STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG, MD 20878	CITY-ST-ZIP	
TITLE	VP RUDISIN, ROBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDISIN, ROBERT	NAME	
STREET ADDRESS	900 CLOPPER RD SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG, MD 20878	CITY-ST-ZIP	
TITLE	VD AINSWORTH, KENT P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AINSWORTH, KENT P	NAME	
STREET ADDRESS	600 MONTGOMERY ST., 25TH FLR.	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	CITY-ST-ZIP	
TITLE	VD MASTERS, JOSEPH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERS, JOSEPH	NAME	
STREET ADDRESS	600 MONTGOMERY ST., 25TH FLR.	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	CITY-ST-ZIP	
TITLE	VD NELSON, DAVID C <input checked="" type="checkbox"/> Delete	TITLE	VD RODGERS, JUDY L. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, DAVID C	NAME	RODGERS, JUDY L.
STREET ADDRESS	600 MONTGOMERY ST., 25TH FLR.	STREET ADDRESS	600 MONTGOMERY ST., 25TH FLOOR
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	CITY-ST-ZIP	SAN FRANCISCO, CA 94111
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, ASST. SECY. 2-17-05 774-2720	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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(415)

ATTACHMENT

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EG&G TECHNICAL SERVICES, INC.
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VS <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, STUART I.		NAME		
STREET ADDRESS	200 Orchard Ridge Drive, Suite 100		STREET ADDRESS		
CITY-ST-ZIP	Gaithersburg, MD 20878		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, DAVID		NAME		
STREET ADDRESS	900 Clopper Road, Suite 200		STREET ADDRESS		
CITY-ST-ZIP	Gaithersburg, MD 20878		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, MICHAEL		NAME		
STREET ADDRESS	900 Clopper Road, Suite 200		STREET ADDRESS		
CITY-ST-ZIP	Gaithersburg, MD 20878		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	P/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOTRING, RANDALL		NAME	WOTRING, RANDALL	
STREET ADDRESS	200 Orchard Ridge Drive, Suite 100		STREET ADDRESS	200 Orchard Ridge Drive, Suite 200	
CITY-ST-ZIP	Gaithersburg, MD 20878		CITY-ST-ZIP	Gaithersburg, MD 20878	
TITLE	V <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VISTED, FRANK		NAME		
STREET ADDRESS	900 Clopper Road, Suite 200		STREET ADDRESS		
CITY-ST-ZIP	Gaithersburg, MD 20878		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, LEX		NAME		
STREET ADDRESS	900 Clopper Road, Suite 200		STREET ADDRESS		
CITY-ST-ZIP	Gaithersburg, MD 20878		CITY-ST-ZIP		
TITLE	Controller <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, JOHN		NAME		
STREET ADDRESS	900 Clopper Road, Suite 200		STREET ADDRESS		
CITY-ST-ZIP	Gaithersburg, MD 20878		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, GREG		NAME		
STREET ADDRESS	900 Clopper Road, Suite 200		STREET ADDRESS		
CITY-ST-ZIP	Gaithersburg, MD 20878		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	WEAKLEY, ALAN	
STREET ADDRESS			STREET ADDRESS	200 Orchard Ridge Drive, Suite 200	
CITY-ST-ZIP			CITY-ST-ZIP	Gaithersburg, MD 20878	
TITLE	AS <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUMMERSTEDT, CAROL		NAME		
STREET ADDRESS	600 Montgomery Street, 25th Floor		STREET ADDRESS		
CITY-ST-ZIP	San Francisco, CA 94111		CITY-ST-ZIP		

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TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, KRISTIN L.	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	