
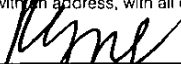


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90031 049 ***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 600 MONTGOMERY STREET 25TH FLOOR SAN FRANCISCO, CA 94111		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0391628	
Zip		Country		Applied For Not Applicable	
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		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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, 2006 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	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, JUDY L		NAME		
STREET ADDRESS	600 MONTGOMERY ST, 25TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		CITY-ST-ZIP		
TITLE	STVP	<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	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDISIN, ROBERT		NAME	200 ORCHARD RIDGE DR., SUITE 100	
STREET ADDRESS	900 CLOPPER RD SUITE 200		STREET ADDRESS	GAITHERSBURG, MD 20878	
CITY-ST-ZIP	GAITHERSBURG, MD 20878		CITY-ST-ZIP		
TITLE	VD	<input checked="" 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	<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	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, STUART L		NAME		
STREET ADDRESS	200 ORCHARD RIDGE DRIVE, STE 100		STREET ADDRESS		
CITY-ST-ZIP	GAITHERSBURG, MD 20878		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, ASSISTANT SECRETARY		3-20-06 415-774-2700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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03132006 Chg-P CR2E034 (11/05)

ATTACHMENT

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EG&G TECHNICAL SERVICES, INC.
 Document Number F99000004102

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input checked="" 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 checked="" 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	P/CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOTRING, RANDALL	NAME	
STREET ADDRESS	200 Orchard Ridge Drive, Suite 100	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	V <input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, LEX	NAME	
STREET ADDRESS	900 Clopper Road, Suite 200	STREET ADDRESS	9400 Amberglen
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	Austin, TX 78729
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	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAKLEY, ALAN	NAME	
STREET ADDRESS	200 Orchard Ridge Drive, Suite 100	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
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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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	WILLIAMSON, GUY
STREET ADDRESS		STREET ADDRESS	200 Orchard Ridge Drive, Suite 100
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878