

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3: 33

DOCUMENT # **P22262** (0)

1. Corporation Name

CSC PROFESSIONAL SERVICES GROUP, INC.

Principal Place of Business

Mailing Address

1375 PICCARD DR.
ROCKVILLE MD 20850
US

2100 E. GRAND AVE.
SUITE A-267
EL SEGUNDO CA 90245
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/22/1988** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

2a. Mailing Address

21 **3170 Fairview Park Drive**

26

4. FEI Number

52-0985978

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 **Falls Church, VA 22042**

28

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

24 Zip

Country

29 Zip

Country

24 **22042**

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (19) 4. (20) 6050

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VT**
NAME **ADLER, CRAIG D.**
STREET ADDRESS **1577 SPRING HILL RD.**
CITY-ST-ZIP **VIENNA VA**

1.1 TITLE **V.P.-Finance** Change Addition
1.2 NAME **Ralph E. Baker**
1.3 STREET ADDRESS **3170 Fairview Park Dr.**
1.4 CITY-ST-ZIP **Falls Church, VA 22042**

TITLE **VTD**
NAME **LEVEL, LEON J.**
STREET ADDRESS **2100 E. GRAND AVE.**
CITY-ST-ZIP **EL SEGUNDO CA**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VSD**
NAME **FISK, HAYWARD D.**
STREET ADDRESS **2100 E. GRAND AVE.**
CITY-ST-ZIP **EL SEGUNDO CA**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S**
NAME **BERNSTEIN, HARVEY N.**
STREET ADDRESS **6521 ARLINGTON BLVD.**
CITY-ST-ZIP **FALLS CHURCH VA**

4.1 TITLE **A/B** Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **T**
NAME **IRVIN, THOMAS R.**
STREET ADDRESS **2100 E. GRAND AVE.**
CITY-ST-ZIP **EL SEGUNDO CA**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **PD**
NAME **JONES, EDWARD T.**
STREET ADDRESS **1375 PICCARD**
CITY-ST-ZIP **ROCKVILLE MD**

6.1 TITLE **PD** Change Addition
6.2 NAME **Thomas C. Robinson**
6.3 STREET ADDRESS **3170 Fairview Park Dr.**
6.4 CITY-ST-ZIP **Falls Church, VA 22042**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leon J. Level

Vice President

3-30-95

Typed name and title of signing officer or director

Date (Optional: Please #)