

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P22262** (0)

1. Corporation Name  
**CSC PROFESSIONAL SERVICES GROUP, INC.**



Principal Place of Business: 1375 PICCARD DR. ROCKVILLE MD 20850 US  
Mailing Address: 2100 E. GRAND AVE. SUITE A-267 EL SEGUNDO CA 90245 US

3. Date Incorporated or Qualified: 12/22/1988  
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 52-0985978  
Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes (checked) No

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BAKER, RALPH E.	
STREET ADDRESS	3170 FAIRVIEW PARK DRIVE	
CITY - ST - ZIP	FALLS CHURCH VA	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	LEVEL, LEON J.	
STREET ADDRESS	2100 E. GRAND AVE.	
CITY - ST - ZIP	EL SEGUNDO CA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FISK, HAYWARD D.	
STREET ADDRESS	2100 E. GRAND AVE.	
CITY - ST - ZIP	EL SEGUNDO CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, HARVEY N.	
STREET ADDRESS	6521 ARLINGTON BLVD.	
CITY - ST - ZIP	FALLS CHURCH VA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	IRVIN, THOMAS R.	
STREET ADDRESS	2100 E. GRAND AVE.	
CITY - ST - ZIP	EL SEGUNDO CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBINSON, THOMAS C	
STREET ADDRESS	3170 FAIRVIEW PARK DRIVE	
CITY - ST - ZIP	FALLS CHURCH VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	Harvey N. Bernstein
4 3 STREET ADDRESS	3170 Fairview Pk Dr.
4 4 CITY - ST - ZIP	Falls Church, VA 22042
5 1 TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	Thomas R. Irvin
5 3 STREET ADDRESS	2100 E. Grand Ave.
5 4 CITY - ST - ZIP	El Segundo, CA 90245
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

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 119.07(3)(k), 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 1/31/96 (310) 615-0311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)