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**Feb 06 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

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 90245-5024
US**

3. Date Incorporated or Qualified **12/22/1988** 3a. Date of Last Report **01/31/1996**
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 No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS DELETE

TITLE **VP**
NAME **BAKER, RALPH E.**
STREET ADDRESS **3170 FAIRVIEW PARK DRIVE**
CITY-ST-ZIP **FALLS CHURCH VA**

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

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

TITLE **S**
NAME **BERNSTEIN, HRVEY N**
STREET ADDRESS **3170 FAIRVIEW PARK DRIVE**
CITY-ST-ZIP **FALLS CHURCH VA**

TITLE **T**
NAME **IRVIN, THOMAS R**
STREET ADDRESS **2100 EAST GRAND AVENUE**
CITY-ST-ZIP **EL SEGUNDO CA**

TITLE **PD**
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 Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

4.1 TITLE Change Addition **AS**
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **Darryl D. Goodman/Asst. Treas.** 01-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

(310) 615-0311

