

UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - FORM UCC-1  
 IMPORTANT- Read instructions on back before filling out form.

REORDER FROM  
**Registrol, Inc.**  
 514 PIERCE ST.  
 P.O. BOX 218  
 ANDOHA, MN. 55303  
 (612) 421-1713

This FINANCING STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code.

1. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Federal Data Corporation		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 520940566	
1B. MAILING ADDRESS 4800 Hampden Lane		1C. CITY, STATE Bethesda, MD	1D. ZIP CODE 20814
1E. RESIDENCE ADDRESS		1F. CITY, STATE	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS		2F. CITY, STATE	2G. ZIP CODE
3. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
4. SECURED PARTY NAME Barclay's Bank of New York, NA, Commercial Loan Dept. MAILING ADDRESS Branch 8051, 100 Community Drive CITY Great Neck STATE NY ZIP CODE 11021		4A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 026008523	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME N/A MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
6. This FINANCING STATEMENT covers the following types or items of property (if crops or timber, include description of real property on which growing or to be growing and name of record owner of such real estate; if fixtures, include description of real property to which affixed or to be affixed and name of record owner of such real estate; if oil, gas or minerals, include description of real property from which to be extracted).  Computer Equipment and Related Peripherals *See attached			
6A. _____ SIGNATURE OF RECORD OWNER		6C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)	
6B. _____ (TYPE) RECORD OWNER OF REAL PROPERTY			
7. Check <input checked="" type="checkbox"/> if Applicable	A <input checked="" type="checkbox"/> Proceeds of collateral are also covered	B <input checked="" type="checkbox"/> Products of collateral are also covered	C <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected (Debtors Signature Not Required)
7. Check <input type="checkbox"/> if Applicable	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtors Signature Not Required)		
8. Check <input checked="" type="checkbox"/> if Applicable	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403		

THIS SPACE FOR USE OF FILING OFFICER

9. \_\_\_\_\_ (Date) \_\_\_\_\_ 19\_\_\_\_

By: James M. Dean VP-CFO  
 SIGNATURE(S) OF DEBTOR(S) (TITLE)

By: James M. Dean  
 TYPE NAME(S)

By: J. Stone  
 SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

By: J. Stone  
 TYPE NAME(S)

10.  Return Copy to  
 NAME BARCLAYS BANK OF NEW YORK, N.A.  
 ADDRESS Commercial Loan Department  
 CITY, STATE P.O. Box 2040, Great Neck, N.Y. 11021  
 AND ZIP

11. This Space for Use of Filing Officer  
 (Date, Time, File Number and Filing Officer)

07176

238710

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Federal Data Corporation

4800 Hampden Lane ■ Bethesda, Maryland 20814 ■ Tel: (301) 986-0800

July 23, 1990

U.S. Department of Justice  
Drug Enforcement Administration  
Washington, D.C. 20537

Attention: Bobbie Revell

Reference: Contract Number DEA-86-3  
Delivery Order Number 50-90-1910

Dear Ms. Revell:

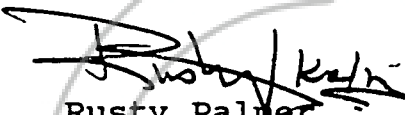
Federal Data Corporation is pleased to provide the Drug Enforcement Administration with the enclosed READY FOR USE CERTIFICATE for the installation of one Qume, letter quality printer at the South Lake Tahoe, Nevada facility. Based on this the installation was completed and equipment deemed Ready for Use on July 13, 1990.

This date also serves as the beginning of the Acceptance Period testing as required in Section E.2, paragraphs E.2.1 through E.2.3 of the reference contract.

Please acknowledge the first day of successful performance per Section E.11 when responding to this modification.

Should you have any questions or comments regarding this matter, please feel free to call me at (301) 590-8600.

Sincerely,

  
Rusty Palmer  
Project Manager

REP:kc/m

Enclosure

Final Acceptance Authorized

\_\_\_\_\_

Date

\_\_\_\_\_

Ms. Delphine F. Day  
Chief AIA

Final Acceptance Approved

\_\_\_\_\_

Date

\_\_\_\_\_

Ms. Bobbie Revell  
Contracting Officer

238710

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Delivery Order Number :50-90-1910  
IOSC Order Number :D1910  
Ready for use date :07/13/90

Division :  
Site :S LAKE TAHOE,NV  
Node Name :

CLIN /Processor:  
0300 Graphics :  
Monitor :  
Keyboard :  
Qic Tape Drive:  
Fujitsu Dot :  
Laser Printer :

/Mbyte H/D :  
SCSI Interface :  
D/S Brick :  
Unisys Brick :  
Power Conditioner:  
Qume Printer : 87091256

**COPIES**

DEA  
218 ELKS POINT  
SUITE 305  
ZEPHYR COVE, NV  
89448

REQUESTED BY  
Barelays  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

'90 NOV 13 P2:23

SUZANNE BEAUDREAU  
RECORDER 238710

\$12<sup>00</sup> PAID K12 DEPUTY  
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