

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 465846 (4)**  
 1. Corporation Name  
**RADIATION SYSTEMS ELECTROMECHANICAL SYSTEMS, INC**  
**ORPORATED**

Principal Place of Business <b>6200 118TH AVE., NORTH LARGO FL 34643-3726 US</b>	Mailing Address <b>6200 118TH AVE NORTH LARGO FL 34643-3726</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>3.</b> Date Incorporated or Qualified <b>12/02/1974</b>	
<b>4.</b> FEI Number <b>59-1574736</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**THE PRENTICE HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

<b>B1</b> Name	
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>B3</b>	
<b>B4</b> City	<b>B5</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee applicant. (NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CEO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS JR, RAYMOND D</b>	1.2 NAME	
STREET ADDRESS	<b>22300 COMSAT DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLARKSBURG MD</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANNAN, KENNETH A.</b>	2.2 NAME	
STREET ADDRESS	<b>1009 LAKE RIDGE DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLMAN, MARJORIE A</b>	3.2 NAME	
STREET ADDRESS	<b>1501 MORAN ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DULLES VI</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGARRAHAN, ROGER K</b>	4.2 NAME	<b>Harold Aryai Siegel</b>
STREET ADDRESS	<b>1501 MORAN ROAD</b>	4.3 STREET ADDRESS	<b>1501 Moran Road</b>
CITY-ST-ZIP	<b>DULLES VI</b>	4.4 CITY-ST-ZIP	<b>Dulles, Virginia 20166</b>
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIEHL, CHUCK</b>	5.2 NAME	
STREET ADDRESS	<b>6200 118TH AVE NORTH</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14.** I 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: *Harold Aryai Siegel* Harold Aryai Siegel, Secretary 4/30/98 (703)450-5680

CR2E034 (10/97)