

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 849347 (0)

1. Corporation Name
SUMMIT RESEARCH CORPORATION



Principal Place of Business: **1 W DEER PK RD GAITHERSBURGH MD 20877**
Mailing Address: **1 W DEER PK RD GAITHERSBURGH MD 20877**

3. Date Incorporated or Qualified: **06/04/1981**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **52-1033730**
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

9. Name and Address of Current Registered Agent
**WALSH, ROBERT W.
2584 FRANKLIN COURT
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT H.	1.2 NAME	
STREET ADDRESS	8703 LITWALTON CT	1.3 STREET ADDRESS	1314-F Garden Wall Circle
CITY-ST-ZIP	VIENNA VA	1.4 CITY-ST-ZIP	Reston, VA 22094
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN, PAUL D	2.2 NAME	
STREET ADDRESS	8116 NORTHUMBERLAND RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD VA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, MIKE	3.2 NAME	
STREET ADDRESS	4737 RED COAT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA	3.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVITT, BEN B	4.2 NAME	
STREET ADDRESS	301 SUMMIT HALL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, THOMAS	5.2 NAME	
STREET ADDRESS	1914 AUBREY PLACE CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRE, ROBERT	6.2 NAME	
STREET ADDRESS	4828 ORCHARD LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA	6.4 CITY-ST-ZIP	

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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: *Ben B Levitt* **4/22/96** (301) 840-1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)