

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 05 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 849347 (0)**

1. Corporation Name  
**SUMMIT RESEARCH CORPORATION**



Principal Place of Business <b>1 W DEER PK RD GAITHERSBURGH MD 20877</b>	Mailing Address <b>1 W DEER PK RD GAITHERSBURGH MD 20877</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>06/04/1981</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>52-1033730</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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  
**James F. Gorman**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5396 Orchard Street**

83

84 City  
**Orange Park**

85 Zip Code  
**FL 32065**

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 *James F. Gorman* **James F. Gorman** DATE **9-2-97**

Signature, printed or printed name of registered agent and tax agent (if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, ROBERT H.</b>	
STREET ADDRESS	<b>1314-F GARDEN WALL CIRCLE</b>	
CITY-ST-ZIP	<b>RESTON VA</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROMAN, PAUL D</b>	
STREET ADDRESS	<b>8116 NORTHUMBERLAND RD</b>	
CITY-ST-ZIP	<b>SPRINGFIELD VA</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HENRY, MIKE</b>	
STREET ADDRESS	<b>4737 RED COAT RD</b>	
CITY-ST-ZIP	<b>VIRGINIA BEACH VA</b>	
TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEVITT, BEN B</b>	
STREET ADDRESS	<b>301 SUMMIT HALL RD</b>	
CITY-ST-ZIP	<b>GAITHERSBURG MD</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KIRKLAND, THOMAS</b>	
STREET ADDRESS	<b>1914 AUBREY PLACE CT.</b>	
CITY-ST-ZIP	<b>VIENNA VA</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>MYRE, ROBERT</b>	
STREET ADDRESS	<b>4828 ORCHARD LANE</b>	
CITY-ST-ZIP	<b>VIRGINIA BEACH VA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LANGELIER, WILFRED</b>	
1.3 STREET ADDRESS	<b>10311 TECUMSEH LANE</b>	
1.4 CITY-ST-ZIP	<b>FAIRFAX VA 22030</b>	
2.1 TITLE	<b>D/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>KING, WESLEY</b>	
2.3 STREET ADDRESS	<b>2536F SOUTH ARLINGTON MILL DRIVE</b>	
2.4 CITY-ST-ZIP	<b>ARLINGTON VA 22206</b>	
3.1 TITLE	<b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JOHNSON, PAMELA</b>	
3.3 STREET ADDRESS	<b>8534 BRAXTED LANE</b>	
3.4 CITY-ST-ZIP	<b>MANASSAS VA 20110</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<b>2308-301 BEACH HAVEN DRIVE</b>	
6.4 CITY-ST-ZIP	<b>VIRGINIA BEACH VA 23451</b>	

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: *W.F. Langelier* - W.F. LANGELIER-9/2/97-301 301

CR2E034 (4/97)