

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 # 856021 (1)

1. Corporation Name

DYNAIR CFE SERVICES, INC.



Principal Place of Business

Mailing Address

4700 N. HOOVER DR.
TAMPA FL 33614
US

2000 EDMUND HALLEY DR.
RESTON VA 22091-3436
US

3. Date Incorporated or Qualified

04/05/1983

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

52-0848837

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

10. Name and Address of New Registered Agent

WOLFE, LARRY
200 A. JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

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

Signature, type or printed name of registered agent, date, and state

Date, Proposed Agent signature, date, and state

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	WEBB, RICHARD	200 EDMUND HALLEY DR RESTON VA		<input checked="" type="checkbox"/>
V/D	DEDEKIND, M.	2000 EDMUND HALLEY DR RESTON VA		<input type="checkbox"/>
DC	BANNISTER, D. R.	2000 EDMUND HALLEY DR RESTON VA		<input checked="" type="checkbox"/>
D	DUGGAN, J. H.	2000 EDMUND HALLEY DR RESTON VA		<input checked="" type="checkbox"/>
PD	HYMAN, MARSHAL	200 EDMUND HALLEY DR RESTON VA		<input checked="" type="checkbox"/>
VP/D	CAMPBELL, FRED	7460 TIDEWATER DR. NORFOLK VA		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	Change	Addition
CEO/D	PATRICK G. DEASY	2000 Edmund Halley Dr Reston VA 22091		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	JOHN E. WILSON	2000 Edmund Halley Dr Reston VA 22091		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/T	JOHN H. SAUNDERS	2000 Edmund Halley Dr Reston VA 22091		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	SIR HUGH BIDWELL	2000 Edmund Halley Dr Reston VA 22091		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	PAUL HARRISON	2000 EDMUND HALLEY DR RESTON VA 22091		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P/D				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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, checked, on an attachment with an address.

SIGNATURE: John H. Saunders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

703-264-9500

CR2E034 (12/95)