

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90126 020 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000000914

1. Corporation Name
TECHNICAL DYNAMICS, INCORPORATED



Principal Place of Business 5580 PORT ROYAL RD SPRINGFIELD VA 33151-2300 US	Mailing Address 5580 PORT ROYAL RD SPRINGFIELD VA 22151-2300 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/24/1995	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 54-1205106	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
HODGES, LOYD D
10877 OVERSEAS HWY., #42
MARATHON FL 33050

81 Name HODGES, LOYD D.	82 Street Address (P.O. Box Number is Not Acceptable) 10881 7TH AVE GULF
83	
84 City MARATHON	85 Zip Code FL 33050

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 *Loyd D. Hodges* (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MARTIN L	1.2 NAME	
STREET ADDRESS	8001 BRADDOCK RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD VA 22151	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGENHEIMER, RICHARD C	2.2 NAME	
STREET ADDRESS	8001 BRADDOCK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD VA 22151	2.4 CITY-ST-ZIP	
TITLE	DCOO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELBRINGER, KATHY	3.2 NAME	
STREET ADDRESS	5580 PORT ROYAL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD VA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** Date: 3/30/99 Daytime Phone #: 703-978-1118

CR2E034 (11/98)