

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. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005249 (6)**

1. Corporation Name  
**THE CENTECH GROUP, INC.**



Principal Place of Business <b>4200 WILSON BLVD., SUITE 700 ARLINGTON VA 22203</b>	Mailing Address <b>4200 WILSON BLVD., SUITE 700 ARLINGTON VA 22203</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/26/1995</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>54-1468652</b>	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CHRIST, ROBERT T  
7119 UNIVERSITY BLVD.  
WINTER PARK FL 32792**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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:  **T. ROBERT CHRIST** **4/28/98**  
Signatures typed or printed name of registered agent and Title (Applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALAVIZ, FERNANDO V</b>	1.2 NAME	
STREET ADDRESS	<b>4200 WILSON BLVD., SUITE 700</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON VA 22203</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHEELER, JOHN R</b>	2.2 NAME	
STREET ADDRESS	<b>4200 WILSON BLVD., SUITE 700</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON VA 22203</b>	2.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRIST, T. R</b>	3.2 NAME	
STREET ADDRESS	<b>4200 WILSON BLVD., SUITE 700</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON VA 22203</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALAVIZ, LINDA</b>	4.2 NAME	
STREET ADDRESS	<b>4200 WILSON BLVD., SUITE 700</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON VA 22203</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALAVIZ, ANDRES</b>	5.2 NAME	
STREET ADDRESS	<b>4200 WILSON BLVD., SUITE 700</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON VA 22203</b>	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)(c), 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:  **T. ROBERT CHRIST** **4/28/98** **703-912-5379**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone) 0008913

CR2E034 (10/97)