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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700005054

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90161 007 ***150.00

 Corporation 	n Name									
EXPLUS,	INC.									
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,										i e i e i i i e i e i e i e i e i e i e i
Principal Place	e of Business		Mailing Address				- 1 1001100 [[]] 10111 [0011 6011]) (18 01) (18 11)	şı 31 31111 31	1101 BHIS BIEL 1981
44156 MERCURE CIRCLE 44156 MERCURE CIRCLE										
STERLING VA 20166 STERLING VA 20166						DO NOT WRI	TE IN TUIC	CDACE		
							3. Date Incorporated or Qualifed	IE IN I HIS	SFACE	
							09/26/1997			
Principal Place of Business 2a. Mailing Address				- .			4. FEI Number			Applied For
21 26			26	26			54-1222502			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		•	5 Additional Required	
22							6. Election Campaign Financing			00 May Be
City & State City & State 28							Trust Fund Contribution		-	ed to Fees
Zip				Cou	untry		8. This corporation owes the current year Intangible			
24	25	,	29	30			Personal Property Tax.	· .	Yes	€No
		dress of Curre	nt Registered Agent		T T		10. Name and Address of New I	Registered	Agent	
					81	Name				
C T CORPORATION SYSTEM				82	Street Addre	ess (P.O. Box Number is Not Accepta	able)			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					83					
, = "	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								-loc 7	ip Code
					84	City		FL		
11. Pursuant	to the provisions of	Sections 607.05	02 and 607.1508, Florida S	tatutes, the a	above	-named corporation	pration submits this statement for the on's board of directors. I hereby accept	purpose of of the appoi	changing ntment as	its registered registered
agent. I a	m familiar with, and	accept the oblig	ations of, Section 607.0505	, Florida Sta	tutes.	and doi porduo				
SIGNATURE				NOTE O			1ba salastation)	DATE		
	Signature, typed or printed					signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIREC	TORS IN 12
12.			ent and title it applicable. (IND DIRECTORS	13.		signature required	when reinstating) ADDITIONS/CHANGES TO OF		D DIREC	
12.	PD	OFFICERS A	ND DIRECTORS	13. E 1.1 T		signature required				
12. TITLE NAME	PD BURT, DUNCAN	OFFICERS A	ND DIRECTORS	13. E 1.1 T 1.2 N	ITLE IAME					
12. TITLE NAME STREET ADDRESS	PD BURT, DUNCAN 44156 MERCUR	OFFICERS AI I T IE CIRCLE	ND DIRECTORS	13. E 1.1 T 1.2 N 1.3 S	ITLE IAME	ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURT, DUNCAN 44156 MERCUR STERLING VA 2	OFFICERS AI I T IE CIRCLE	ND DIRECTORS	13. E 1.1 T 1.2 N 1.3 S 1.4 C	TITLE JAME STREET /	ADDRESS				ge Addition
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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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3128 199

703-260-0780

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