


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 MAR 21 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #19600000065
 INTEGRATED SITE DEVELOPMENT COMPANY, L.L.C
 5320 Spectrum Drive
~~7470 E. NEW TECHNOLOGY WAY~~
 FREDERICK MD 21701

1a. Principal Place of Business Address
 5320 Spectrum Drive
~~7470 E. NEW TECHNOLOGY WAY~~
 FREDERICK MD 21701

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address	
5320 Spectrum Drive Suite, Apt. #, etc. Frederick, MD 21701 City & State		5320 Spectrum Drive Suite, Apt. #, etc. Frederick, MD City & State	
Zip	Country	Zip	Country
21701	USA	21701	USA

3. Date Organized or Qualified	3a. State of Formation
03/01/1996	DC
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
52-1917576	
5. Date of Last Report	6. Certificate of Status Desired
	\$8.75 Additional Fee Required <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

8. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number Is Not Acceptable) _____
 Suite, Apt. #, etc. _____
 City _____ Zip Code _____
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	The Strategis Group, Inc.	1130 CONNECTICUT AVE., N.W	WASHINGTON DC
MGRM	WVA ENG I,		
MGRM	BUCCERI COMPANY, INC.	11402 EASTWOOD COURT	HAGERSTOWN MD
MEM	WIRELESS NETWORKS GROU	20617 BENT WILLOW ROAD	ROGERSVILLE MD
	The Hofe Family Limited Liability Partnership		Rohrersville, MD
			900002122739--3 -03/24/97--01202--021 ****212.50 ****212.50

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  3/6/97 301-663-9300
SIGNATURE AND TITLE OF PERSON SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #