

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

**FILED**

**Feb 25 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P13388**

**(4)**

1. Corporation Name

**MARTLET IMPORTING CO., INC.**

Principal Place of Business

**11911 FREEDOM DRIVE  
SUITE 700  
RESTON VA 22090-5809  
US**

Mailing Address

**11911 FREEDOM DRIVE  
SUITE 700  
RESTON VA 20190-5802  
US**

2. Principal Place of Business

**21 1606 Washington Avenue**

Suite, Apt. #, etc.

**22**

City & State

**23 Reston, VA**

Zip

**24 20190**

Country

**25**

2a. Mailing Address

**26 1606 Washington Avenue**

Suite, Apt. #, etc.

**27**

City & State

**28 Reston, VA**

Zip

**29 20190**

Country

**30**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **CAREFOOTE, JEFFERSON J**  
STREET ADDRESS **1346 HUNTER MILL ROAD**  
CITY-STATE-ZIP **VIENNA VA**

TITLE **V** ☐ DELETE

NAME **WILLIAM G SCHMUS**  
STREET ADDRESS **19755 KILLARNEY WAY**  
CITY-STATE-ZIP **BROOKFIELD WI**

TITLE **SD** ☐ DELETE

NAME **MICHAEL T JONES**  
STREET ADDRESS **333 WEST CEDAR VALLEY DR**  
CITY-STATE-ZIP **DELAFIELD WI**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE **Vice President & Director** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE **President & Director** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE **Secretary** ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE **Treasurer** ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. 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 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL T. JONES 2/10/97 (414) 931-2000**

Date

Daytime Phone #

CR2E034 (9/96)