

Co. 20

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

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90014 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Candra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34217 (0)
1. Corporation Name
ALLTECH OPERATIONS INC.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
06/06/91

21. Principal Place of Business 465 Spring Park Pl. Suite, Apt. #, etc.	26. Mailing Address One Penn Plaza Suite, Apt. #, etc. Att. K. Curran
22. City & State Herndon, VA	27. City & State New York, NY
23. Zip 20170	28. Zip 10119
24. Country	29. Country

4. FEI Number 54-1499986	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324**

10. Name and Address of New Registered Agent

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ (NO) (Registered Agent's signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Noakes, Robert C.
STREET ADDRESS		1.3 STREET ADDRESS	465 Spring Park Place
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Herndon, VA 20170
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	C <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Thornhill, David L. (T)
STREET ADDRESS		2.3 STREET ADDRESS	One Penn Plaza B.N. Paone
CITY-ST-ZIP		2.4 CITY-ST-ZIP	New York, NY 10119 One Penn Plz
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Curran, Kevin J.
STREET ADDRESS		3.3 STREET ADDRESS	One Penn Plaza
CITY-ST-ZIP		3.4 CITY-ST-ZIP	New York, NY 10119
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Roman, William S.
STREET ADDRESS		4.3 STREET ADDRESS	One Penn Plaza
CITY-ST-ZIP		4.4 CITY-ST-ZIP	New York, NY 10119
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	McAlister, David A.
STREET ADDRESS		5.3 STREET ADDRESS	301 North Charles St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Baltimore, MD 21201
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	30002477303
STREET ADDRESS		6.3 STREET ADDRESS	-04/02/98--01093--001
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***1428.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 from an attachment with an address.

SIGNATURE: Kevin J. Curran Kevin J. Curran 06/02/99 (212) 465-5011
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)