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

0647723

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90049 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P37757**

1. Corporation Name
UNIFIED INDUSTRIES INCORPORATED

Principal Place of Business	Mailing Address
6551 LOISDALE COURT SUITE 400 ALEXANDRIA VA 22310	6551 LOISDALE COURT SUITE 400 SPRINGFIELD VA 22150-1854 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/05/1992

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 52-0904783 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRANT, JERRE L.
1515A PENMAN ROAD
BUILDING #500
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	☐ DELETE	1.1 TITLE	DC/CEO-Chairman of Board	☒ Change ☐ Addition
NAME	ADAMS, THEODORE A., JR.		1.2 NAME		
STREET ADDRESS	10918 HAMPTON ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX STATION VA		1.4 CITY-ST-ZIP		
TITLE	DVC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LONG, HERBERT E., JR.		2.2 NAME		
STREET ADDRESS	P O BOX 207 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGHORSE PA		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MEYER, JOSEPH S.		3.2 NAME		
STREET ADDRESS	309 YOAKUM PKWY. #201		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA		3.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LONG, HERBERT E, JR.		4.2 NAME		
STREET ADDRESS	P O BOX 207 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGHORSE PA		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MEYER, JOSEPH S.		5.2 NAME		
STREET ADDRESS	309 YOAKUM PKWY.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	President	☐ Change ☒ Addition
NAME			6.2 NAME	Clifford G. Geiger	
STREET ADDRESS			6.3 STREET ADDRESS	1702 Usher Place	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Crofton, MD 21114	

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: _____ THEODORE A. ADAMS, JR. 4/29/99 703-9229800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)