

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

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Mar 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 # P40335 (2)  
1. Corporation Name  
CHADWICK INTERNATIONAL, INC.



Principal Place of Business: 8300 ARLINGTON BLVD. FAIRFAX VA 22031  
Mailing Address: 8300 ARLINGTON BLVD. FAIRFAX VA 22031-5201

3. Date Incorporated or Qualified: 09/03/1992  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 54-1569230  
Applied For: Not Applicable  
5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
C T CORPROATION SYSTEM  
1200 SOUTH 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: FL

11. Pursuant to the provisions of Sections 607.0592 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENDERSON, GEORGE	
STREET ADDRESS	3248 CISMOUNT COURT	
CITY-ST-ZIP	WOODBRIAGE VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEYER, KYLE E.	
STREET ADDRESS	6323 COLCHESTER ROAD	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PIKOVSKY, DAVID S.	
STREET ADDRESS	18104 KITCHEN HOUSE CT.	
CITY-ST-ZIP	GERMANTOWN MD	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	NOCERA, RONALD M.	
STREET ADDRESS	3702 DIJON WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PYLES, ALAN N.	
STREET ADDRESS	6412 WOODLAND RUN CT.	
CITY-ST-ZIP	CLIFTON VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLER, ANDREW	
STREET ADDRESS	10017 SCENIC VIEW TERRACE	
CITY-ST-ZIP	VIENNA VA 22182-1339	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DJAFFAR ABDELKOUAHAB	
1.3 STREET ADDRESS	3802 KINGS CROSS CIRCLE	
1.4 CITY-ST-ZIP	HEVUDON VA 22071-3382	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Charles F. Vance	
2.3 STREET ADDRESS	8300 Arlington Blvd	
2.4 CITY-ST-ZIP	FAIRFAX VA 22031	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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: \_\_\_\_\_ DATE: 3/17/97 DAYLIFE PHONE # 703 360.0970

CR2E034 (9/96)