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PROFIT CORPORATION ANNUAL REPORT



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

1996

| Corporation I | MENT # P4093 I LEASING, INCORPORAT | ` ' | | A COURTE HIS ONEL BOND PRIOR PHIC | | |
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| Principal Place of Business 13100 WORLDGATE DR. STE. 320 HERNDON VA 22071 | | Mailing Address 13100 WORLDGATE DR. STE. 320 HERNDON VA 22071 | | 3. Date Incorporated or Qualified 3a. Date of Last Report | | |
| | | | | 10/07/1992 | 04/24/ | |
| , Principal Plac] | ce of Business | 2a. Mailing Address 26 | | 4, FEI Number 54-1375284 | <u> </u> - | Applied For Not Applicable |
| Suite, Apt. # | , etc. | Suite, Apt #, etc. | | 5. Certificate of Status Desired | 7 - | .75 Additional |
| Oty & State | | City & State | | 6. Election Campaign Financing | | ee Required May Be |
|] | | 28 | · · · · · · · · · · · · · · · · · · · | Trust Fund Contribution | L A | dded to Fees |
| Ζφ] | Country 25 | Z _I p | Country 30 | 8. This corporation has liability for in Florida Statutes Yes | | ers 199.032, |
| 1 | 9, Name and Address of Curre | 1771 | | 10. Name and Address of New Re | egistered Agent | |
| 0011101 | IIV MOURE | | 81 Name | | | |
| CONNOLLY, MICHAEL 4881 NW 69TH STREET | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable | le) | |
| | FL 34475 | | 83 | | | |
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| UUALA I | . • • • • • • • • • • • • • • • • • • • | | 84 City | | 85 وسو | Zip Code |
| Pursuant to or registers | a the evaluations of Sections 607.05 | orida. Such change was authoriz | es, the above named corpored by the corporation's boa | oration submits this statement for the purp ard of directors. I hereby accept the appo | pose of changing | its registered office |
| Pursuant to or registers familiar with GNATURE | o the provisions of Sections 607.056 ad agent, or both, in the State of Fich, and accept the obligations of, Se Signature, tylestor product name of registered age | orida. Such change was authorizaction 607.0505, Florida Statutes ent and life if application (NO ND DIRECTORS | es, the above named corpored by the corporation's boa | ard of directors. Thereby accept the appo | pose of changing pointment as registe DATE CERS AND DIRE | its registered office ered agent. I am CTORS IN 12 |
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SIGNATURE: SIGNATURE AND TYPE GOFFICER OR DIRECTOR 1-17-96 703-709-8880