

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 10:16

DOCUMENT # F93000001752 (5)

1. Corporation Name

AAMVANET, INC.

Principal Place of Business
4200 WILSON BOULEVARD, SUITE 1100
ARLINGTON VA 22203

Mailing Address
4200 WILSON BOULEVARD, SUITE 1100
ARLINGTON VA 22203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/05/1993	3a. Date of Last Report 02/22/1994
4. FEI Number 54-1491149	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	FILING FEE IS \$61.25
8. The 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 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

HANRAHAN, SHEILA
3004 EMERSON STREET
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Sheila Hanrahan

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

6/8/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	HOLMES, GILBERT	12 NAME	
STREET ADDRESS	100 N. SENATE AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN 46204	14 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	VC	21 TITLE	☐ Change ☐ Addition
NAME	DUFFORD, MILTON	22 NAME	
STREET ADDRESS	955 PARK STREET	23 STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC 29202	24 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MCDANIEL, STUART	32 NAME	
STREET ADDRESS	800 LINCOLN WAY	33 STREET ADDRESS	
CITY - ST - ZIP	AMES IA 50010	34 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	RICKERT, W M	42 NAME	
STREET ADDRESS	6601 RITCHIE HIGHWAY	43 STREET ADDRESS	
CITY - ST - ZIP	GLEN BURNIE MD 21062	44 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	GOLEMAN, BARRY	52 NAME	
STREET ADDRESS	4200 WILSON BLVD., SUITE 1100	53 STREET ADDRESS	
CITY - ST - ZIP	ARLINGTON VA 22203	54 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	STRANDQUIST, JOHN	62 NAME	
STREET ADDRESS	4200 WILSON BLVD., SUITE 1100	63 STREET ADDRESS	
CITY - ST - ZIP	ARLINGTON VA 22203	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/95 7039088269