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FILED

May 13 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 # P27609

(7)

1. Corporation Name  
GEOTRANS, INC.

Principal Place of Business  
48050 MANEKIN PLAZA STE 100  
STERLING VA 20166  
US

Mailing Address  
48050 MANEKIN PLAZA STE 100  
STERLING VA 20166-6519  
US



2. Principal Place of Business  
21 46050 Manekin Plaza

2a. Mailing Address  
26 Same

Suite, Apt. #, etc.  
22 Ste 100

Suite, Apt. #, etc.  
27

City & State  
23

City & State  
28

Zip  
24

Country  
25

Zip  
29

Country  
30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified  
01/08/1990

3a. Date of Last Report  
05/01/1996

4. FEI Number  
54-1120716

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

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

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MERCER, JAMES W  
STREET ADDRESS 11373 SENECA KNOLL DR.  
CITY-ST-ZIP GREAT FALLS VA 22066 ☐ DELETE

TITLE VD  
NAME GUSWA, JOHN H  
STREET ADDRESS 8 OLD MEADOW LANE  
CITY-ST-ZIP HARVARD MA 01451 ☐ DELETE

TITLE STD  
NAME FAUST, CHARLES R.  
STREET ADDRESS 219 BRECKENRIDGE DR  
CITY-ST-ZIP WINCHESTER VA 22061 ☐ DELETE

TITLE VD  
NAME WADDELL, RICHARD K.  
STREET ADDRESS 4950 LEE HILL RD.  
CITY-ST-ZIP BOULDER CO 80304 ☐ DELETE

TITLE D  
NAME HWANG, LI-SAN  
STREET ADDRESS 630 NORTH ROSEMEAD BLVD.  
CITY-ST-ZIP PASADENA CA ☐ DELETE

TITLE V  
NAME WARD, DAVID S  
STREET ADDRESS RT 1 BOX 195A  
CITY-ST-ZIP LOVETTESVILLE VA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition  
1.2 NAME Albee, Michelle  
1.3 STREET ADDRESS 6616 Smiths TRACE  
1.4 CITY-ST-ZIP Centerville, VA 22020

2.1 TITLE ☒ Change ☒ Addition  
2.2 NAME Anderson, Peter  
2.3 STREET ADDRESS 13325 Providence Lake Dr  
2.4 CITY-ST-ZIP Alpharetta, GA 30201

3.1 TITLE ☒ Change ☒ Addition  
3.2 NAME Jaska, James  
3.3 STREET ADDRESS 630 N. Rosemead Blvd.  
3.4 CITY-ST-ZIP Pasadena, CA 91107

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: [Signature] DATE: 5/1/97

CR2E034 (9/96)