

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

000827

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90127 032 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P27609**

1. Corporation Name  
**HSI GEOTRANS, INC.**

Principal Place of Business

8  
STE 100  
STERLING VA 20166  
US

Mailing Address

46050 MANEKIN PLAZA STE 100  
STERLING VA 20166  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1990

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 46050 manekin Plaza

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Sterling VA

Zip Country

24 20166 25 Loudoun

Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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

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                       | <input type="checkbox"/> DELETE            |
| NAME           | MERCER, JAMES W          |  |
| STREET ADDRESS | 11373 SENECA KNOLL DR.   |  |
| CITY-ST-ZIP    | GREAT FALLS VA 22066     |  |
| TITLE          | VD                       | <input type="checkbox"/> DELETE            |
| NAME           | GUSWA, JOHN H            |  |
| STREET ADDRESS | 8 OLD MEADOW LANE        |  |
| CITY-ST-ZIP    | HARVARD MA 01451         |  |
| TITLE          | STD                      | <input type="checkbox"/> DELETE            |
| NAME           | FAUST, CHARLES R.        |  |
| STREET ADDRESS | 219 BRECKENRIDGE DR      |  |
| CITY-ST-ZIP    | WINCHESTER VA 22061      |  |
| TITLE          | VD                       | <input type="checkbox"/> DELETE            |
| NAME           | WADDELL, RICHARD K.      |  |
| STREET ADDRESS | 4950 LEE HILL RD.        |  |
| CITY-ST-ZIP    | BOULDER CO 80304         |  |
| TITLE          | D                        | <input type="checkbox"/> DELETE            |
| NAME           | HWANG, LI-SAN            |  |
| STREET ADDRESS | 630 NORTH ROSEMEAD BLVD. |  |
| CITY-ST-ZIP    | PASADENA CA              |  |
| TITLE          | V                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | WARD, DAVID S            |  |
| STREET ADDRESS | RT 1 BOX 195A            |  |
| CITY-ST-ZIP    | LOVETTESVILLE VA         |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 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 checked="" type="checkbox"/> Addition |
| 6.2 NAME           | VICE President   |
| 6.3 STREET ADDRESS | Michelle Aiber   |
| 6.4 CITY-ST-ZIP    | 46050 manekin Plaza Ste. 100<br>Sterling VA 20166                            |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)