FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

DO NOT WRITE IN THIS SPACE

DOCUMENT # **670353** **(2)**

1. Corporate Name
IDAB INCORPORATED

Principal Place of Business
ONE ENTERPRISE PKWY 300
P.O. BOX 8157
HAMPTON VA 23666

Mailing Address
ONE ENTERPRISE PKWY 300
P.O. BOX 8157
HAMPTON VA 23666

3. Date Incorporated or Qualified: **05/16/1980**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2018939** — 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 § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CHRISTIN, NICHOLAS E.
2655 LEJUENE ROAD
SUITE 1101
CORAL GABLES FL 33134

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 607.1504, 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, Sections 607.0505, Florida Statutes.

SIGNATURE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	RYGH OLE B	1. NAME	
STREET ADDRESS	ONE ENTERPRISE PKWY STE 300	1. STREET ADDRESS	
CITY, ST, ZIP	HAMPTON VA	1. CITY, ST, ZIP	
TITLE	D	2. TITLE	☐ Change ☐ Addition
NAME	ROCHE PAUL J	2. NAME	
STREET ADDRESS	150 RESEARCH DRIVE	2. STREET ADDRESS	
CITY, ST, ZIP	HAMPTON VA	2. CITY, ST, ZIP	
TITLE	D	3. TITLE	☐ Change ☐ Addition
NAME	KIRKWOOD JAIMIE D	3. NAME	
STREET ADDRESS	ONE ENTERPRISE PKWY STE 300	3. STREET ADDRESS	
CITY, ST, ZIP	HAMPTON VA	3. CITY, ST, ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. 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 and validity as 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: J.D. Kirkwood, VP/Treas. 4/25/95 (804) 825-2260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAR010 EN