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Apr 16 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 # 821398 (5)

1. Corporation Name
ATLANTIC RESEARCH CORPORATION

Principal Place of Business

1577 SPRING HILL ROAD
VIENNA VA 22182

Mailing Address

1577 SPRING HILL ROAD
VIENNA VA 22182-2223



3. Date Incorporated or Qualified 05/02/1968
3a. Date of Last Report 04/16/1996

4. FEI Number 54-0839141
Applied For Not Applicable

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21. 5945 WELLINGTON RD
Suite, Apt. #, etc.

22. Gainesville, VA
City & State

23. 20155 Prince William
Zip Country

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
85. Zip Code FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIENDL, BARBARA F.	12 NAME	
STREET ADDRESS	7810 NEWINGTON WOOD DR	13 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD VA	14 CITY-ST-ZIP	
TITLE	SRVC <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCIPE, ALFRED P.	22 NAME	
STREET ADDRESS	1835 HORSEBACK TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA	24 CITY-ST-ZIP	
TITLE	SRVD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDES, JAMES R.	32 NAME	
STREET ADDRESS	11133 TATTERSALL TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	OAKTON VA	34 CITY-ST-ZIP	
TITLE	PDCE <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVOCA, ANTONIO L.	42 NAME	
STREET ADDRESS	1200 CRYSTAL DRIVE APT. 1013	43 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, NORMAN E.	52 NAME	
STREET ADDRESS	200 PARK AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRINSKY, STUART Z.	62 NAME	
STREET ADDRESS	200 PARK AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	64 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: BARBARA F. BIENDL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 4/10/97
Daytime Phone: (703) 754-5526

CR2E034 (9/96)