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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
5945 WELLINGTON RD GAINESVILLE VA 20155 US	5945 WELLINGTON RD GAINESVILLE VA 20155 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1968

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

4. FEI Number: 54-0839141 ☐ 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 or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BIENDL, BARBARA F.		1.2 NAME		
STREET ADDRESS	7810 NEWINGTON WOOD DR		1.3 STREET ADDRESS	9451 WEATHERSFIELD DR.	
CITY-ST-ZIP	SPRINGFIELD VA		1.4 CITY-ST-ZIP	BRISTOW, VA. 20136	
TITLE	SRVC	☒ DELETE	2.1 TITLE	~~SRVC~~ D	☐ Change ☒ Addition
NAME	PRINCIPE, ALFRED P.		2.2 NAME	JENKINS, PATRICK J.	
STREET ADDRESS	1835 HORSEBACK TRAIL		2.3 STREET ADDRESS	9709 COUNSELLOR DR.	
CITY-ST-ZIP	VIENNA VA		2.4 CITY-ST-ZIP	VIENNA, VA. 22181	
TITLE	SRVD	☐ DELETE	3.1 TITLE	PDCE	☒ Change ☐ Addition
NAME	SIDES, JAMES R.		3.2 NAME		
STREET ADDRESS	11133 TATTERSALL TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	OAKTON VA		3.4 CITY-ST-ZIP	22214	
TITLE	PDCE	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SAVOCA, ANTONIO L.		4.2 NAME	QUICKE, JOHN J.	
STREET ADDRESS	1200 CRYSTAL DRIVE APT. 1013		4.3 STREET ADDRESS	200 PARK AVENUE	
CITY-ST-ZIP	ARLINGTON VA		4.4 CITY-ST-ZIP	NEW YORK, NY 10166	
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	ALEXANDER, NORMAN E.		5.2 NAME		
STREET ADDRESS	200 PARK AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	10166	
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	KRINSLY, STUART Z.		6.2 NAME		
STREET ADDRESS	200 PARK AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP	10166	

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.

SIGNATURE _____ (703) 754-5526

CR2E034 (10/97)