

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90167 011 ***150.00

0647591

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 821398

1. Corporation Name
ATLANTIC RESEARCH CORPORATION



Principal Place of Business
**5945 WELLINGTON RD
 GAINESVILLE VA 20155
 US**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
05/02/1968

4. FEI Number
54-0839141

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

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

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	BIENDL, BARBARA F.	
STREET ADDRESS	9451 WEATHERSFIELD DRIVE	
CITY-ST-ZIP	BRISTOW VA 20136	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JENKINS, PATRICK J	
STREET ADDRESS	9709 COUNSELLOR DRIVE	
CITY-ST-ZIP	VIENNA VA 22181	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	SIDES, JAMES R.	
STREET ADDRESS	11133 TATTERSALL TRAIL	
CITY-ST-ZIP	OAKTON VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUICKE, JOHN J	
STREET ADDRESS	200 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10166	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALEXANDER, NORMAN E.	
STREET ADDRESS	200 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10166	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRINSLY, STUART Z.	
STREET ADDRESS	200 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10166	

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	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	102 WINDOVER AVE
2.4 CITY-ST-ZIP	VIENNA, VA. 22180
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	22214
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Patrick J. Jenkins* **REQUIR PATRICK J. JENKINS 4/08/99 (703) 754-5526**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)