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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90135 026 \*\*\*158.75

## DOCUMENT # 822665

1. Corporation Name

Deinsing! Disease & Descious

SERVICE SYSTEMS CORPORATION

| Principal Place of Business                              | Mailing Address                                          |       |                                                        |                                                                       |                |                              |  |
|----------------------------------------------------------|----------------------------------------------------------|-------|--------------------------------------------------------|-----------------------------------------------------------------------|----------------|------------------------------|--|
| 10400 FERNWOOD ROAD<br>DEPT. 924.13<br>BETHESDA MD 20817 | 10400 FERNWOOD ROAD<br>DEPT. 924.13<br>BETHESDA MD 20817 |       |                                                        | DO NOT WRITE IN THIS                                                  | SPACE          | :                            |  |
| us                                                       | US                                                       |       |                                                        | 3. Date Incorporated or Qualifed                                      |                |                              |  |
|                                                          |                                                          |       |                                                        | 04/22/1969                                                            |                |                              |  |
| 2. Principal Place of Business                           | 2a. Majjing Address                                      |       |                                                        | 4. FEI Number                                                         |                | Applied For                  |  |
| 21 9801 Washingtonian Blud                               | 26 P.O. Box 352                                          |       |                                                        | 16-0833815                                                            |                | Not Applicable               |  |
| Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.                                      |       |                                                        | 5. Certificate of Status Desired                                      |                | 75 Additional<br>se Required |  |
| City & State                                             | City & State  28 Buffalo, NY                             | /     |                                                        | 6. Election Campaign Financing Trust Fund Contribution                |                | .00 May Be<br>ded to Fees    |  |
| Zip Country                                              | Zip /4240 30 Cou                                         | intry | <i>)</i> S                                             | This corporation owes the current year Inta<br>Personal Property Tax. | angible<br>Yes |                              |  |
| 9. Name and Address of Current Registered Agent          |                                                          |       | 10. Name and Address of New Registered Agent           |                                                                       |                |                              |  |
|                                                          |                                                          | 81    | Name                                                   |                                                                       |                |                              |  |
| PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET  |                                                          | 82    | 2 Charles Address (D.O. Bass Number in Not Accordable) |                                                                       |                |                              |  |
|                                                          |                                                          | 82    | Street Address (P.O. Box Number is Not Acceptable)     |                                                                       |                |                              |  |
| SUITE 105                                                |                                                          | 83    |                                                        |                                                                       |                |                              |  |
| TALLAHASSEE FL 32301                                     |                                                          |       |                                                        |                                                                       |                |                              |  |
| 17 table 10 10 0 table 1 ta 0 10 0 1                     |                                                          | 84    | City                                                   | FL                                                                    | 85             | Zip Code                     |  |
| 1                                                        |                                                          | 1 1   |                                                        |                                                                       |                | ·                            |  |

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 |                                      |                                                   |            |  |  |  |  |
| TITLE                                                                                                                                                      | VD                      | DELETE          | 1.1 TITLE                                          | VD.                                  | ☐ Change                                          | Addition   |  |  |  |  |
| NAME                                                                                                                                                       | RYAN, JOSEPH            |                 | 1.2 NAME                                           | Hyath, hawrence                      | · <i>E.</i> ,                                     | ļ          |  |  |  |  |
| STREET ADDRESS                                                                                                                                             | 10400 FERNWOOD ROAD     |                 | 1.3 STREET ADDRESS                                 |                                      |                                                   |            |  |  |  |  |
| CITY-ST-ZIP                                                                                                                                                | BETHESDA MD             |                 | 1.4 CITY-ST-ZIP                                    | Gaithersburg, MD                     | 20878                                             |            |  |  |  |  |
| TITLE                                                                                                                                                      | P                       | □ DELETE        | 2.1 TITLE                                          | P/D                                  | Change                                            | Addition   |  |  |  |  |
| NAME                                                                                                                                                       | O'DELL, CHARLES D.      |                 | 2.2 NAME                                           |                                      | - 81.1                                            |            |  |  |  |  |
| STREET ADDRESS                                                                                                                                             | 10400 FERNWOOD ROAD     |                 | 2.3 STREET ADDRESS                                 | 9801 Washington                      | an blog                                           |            |  |  |  |  |
| C/TY-ST-ZIP                                                                                                                                                | BETHESDA MD             |                 | 2.4 CITY+ST+ZIP                                    | Gaithersburg, MD                     | <u> 20878                                    </u> |            |  |  |  |  |
| TITLE                                                                                                                                                      | D                       | DELETE          | 3.1 TITLE                                          | VID                                  | ☐ Change                                          | Addition   |  |  |  |  |
| NAME                                                                                                                                                       | SHAW, WILLIAM J.        |                 | 3.2 NAME                                           | Landel, Michel                       | 121 1                                             |            |  |  |  |  |
| STREET ADDRESS                                                                                                                                             | 10400 FERNWOOD ROAD     |                 | 3.3 STREET ADDRESS                                 | Landel, Michel<br>9801 Washinstonia  | n piva                                            |            |  |  |  |  |
| CITY-ST-ZIP                                                                                                                                                | BETHESDA MD             |                 | 3.4. CITY-ST-ZIP                                   | Gaithersburg, MI                     | P 20878                                           |            |  |  |  |  |
| TITLE                                                                                                                                                      | S                       | DELETE          | 4.1 TITLE                                          |                                      | Change                                            | ☐ Addition |  |  |  |  |
| NAME                                                                                                                                                       | MCGLOCKTON, JOAN RECTOR |                 | 4.2 NAME                                           |                                      | . 01 /                                            |            |  |  |  |  |
| STREET ADDRESS                                                                                                                                             | 10400 FERNWOOD ROAD     |                 | 4.3 STREET ADDRESS                                 | 9801 Washington                      | ier Diad                                          |            |  |  |  |  |
| CITY-ST-ZIP                                                                                                                                                | BETHESDA MD             | _               | 4.4 CITY-ST-ZIP                                    | Gaithersburg, MC                     | 20878                                             |            |  |  |  |  |
| TITLE                                                                                                                                                      | T                       | <b>≥ DELETE</b> | 5.1 TITLE                                          | T , -                                | ☐ Change                                          | Addition   |  |  |  |  |
| NAME                                                                                                                                                       | MURPHY, RAYMOND G       |                 | 5.2 NAME                                           | Vacant                               |                                                   |            |  |  |  |  |
| STREET ADDRESS                                                                                                                                             | 10400 FERNWOOD ROAD     |                 | 5.3 STREET ADDRESS                                 |                                      |                                                   | -          |  |  |  |  |
| CITY-ST-ZIP                                                                                                                                                | BETHESDA MD             |                 | 5.4 CITY-ST-ZIP                                    |                                      |                                                   |            |  |  |  |  |
| tme                                                                                                                                                        | AS                      | DELETE          | 6.1 TITLE                                          | AS Olahard                           | ☐ Change                                          | Addition   |  |  |  |  |
| NAME                                                                                                                                                       | BENZ, NANCY L           |                 | 6.2 NAME                                           | As Allen Richard<br>10 Earhart Drive | .,.                                               |            |  |  |  |  |
| STREET ADDRESS                                                                                                                                             | 104000 FERNWOOD ROAD    |                 | 6.3 STREET ADDRESS                                 | 10 Earhart Urive                     |                                                   |            |  |  |  |  |
| CITY-ST-ZIP                                                                                                                                                | BETHESDA MD             |                 | 6.4 CITY-ST-ZIP                                    | Williamsuille, NY                    | /422/                                             |            |  |  |  |  |

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 or pair attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICEN OR GIRECOR SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICEN OR GIRECOR

CR2E034 (11/98)