ANNUAL REPORT
1995

Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Corporation Name
ALVA CORPORATION

Principal Place of Business	Mailing Address
109 N. FAIRFAX ST 2ND FLOOR ALEXANDRIA VA 22314 US	109 N. FAIRFAX ST 2ND FLOOR ALEXANDRIA VA 22314 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/28/1973
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

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

4. FEI Number: 73-6500979 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FAIGEN, GRETA
525 S FLAGLER DR
WEST PALM BEACH FL 33401

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	FAIGEN, GRETA	1.2 NAME		
STREET ADDRESS	525 S FLAGLER DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	VST	2.1 TITLE	VT	☒ Change ☐ Addition
NAME	SEIGEL, LISA	2.2 NAME	Seigel, Lisa	
STREET ADDRESS	2220 20TH STREET, N.W.	2.3 STREET ADDRESS	2220 20th Street, N.W.	
CITY-ST-ZIP	WASHINGTON DC	2.4 CITY-ST-ZIP	Washington DC	
TITLE		3.1 TITLE	S	☐ Change ☒ Addition
NAME		3.2 NAME	Jackson, Judy	
STREET ADDRESS		3.3 STREET ADDRESS	9703 Rooster Ln	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Washington MD 20744	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 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: Judy Jackson 4/20/95 703-684-3304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Judy Jackson, Secretary

0307820 FP