1 .	E NOW: FILING FEE	AFIER WAT I	5 \$225.00	<del></del> 1	
ł .	PROFIT RPORATION		ARTMENT OF STATE		
	JAL REPORT		B. Mortham ary of State		
1996		DIVISION OF CORPORATIONS			
DOCUI	MENT # <b>84908</b>	7 (2)			
1. Corporation	ON CORPORATION	` ,			
0.00				] [88] [8] [8] [8] [8] [8] [8] [8] [8] [	18 DE 1810 E 1811 E 1811 E 1814 E 1816 E 1816 E 1816 E 1816 E
Principal Place	of Business	Mailing Address			
8110 GATEHOUSE ROAD FALLS CHURCH VA 22042-1212		3701 SKYPARK DR SUITE 200 TORRANCE CA 90505			
		U\$		3. Date Incorporated or Qualified 05/08/1981	3a. Date of Last Report 04/27/1995
2. Principal Pla 21	ace of Business	28. Mailing Address		4. FEI Number 52-0848039	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zıp	Country	8. This corporation has liability for in	
24	9. Name and Address of Curren	29  t Registered Agent	30	Florida Statutes Yes  10. Name and Address of New Re	
			81 Name		
	rporation system . Pine Island road		82 Street Add	ress (P.O. Box Number is Not Acceptable	)
	ATION FL 33324		83		
			<b>84</b> City		85 Zip Code
11. Pursuant to or register tamiliar will	to the provisions of Sections 607,0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Secti	and 607.1508, Florida Statut a. Such change was authoriz	es, the above-named corpored by the corporation's boa	ration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing its registered office name as registered agent. I am
SIGNATURE	in, and accept the obligations or, Section	on 607.0005, Fibrida Statutes	•		
12.	Signature, typed or printed name of registered agent.  OFFICERS AND		TE Registered Agent signature require  13.	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	CEOD	DELETE		CEOD	Change Addition
NAME	WOODHILL, JOHN R		1.2 NAME	OODHULL, JOHN R.	
STREET ADDRESS	3701 SKYPARK DR			3701 SKYPARK DRIVE	
CITY-ST-ZIP TITLE	TORRENCE CA	☐ DELETE	14 CITY-ST-Z-P T	CORRANCE, CA 90505	Change
NAME	ERICSON, NILS	occur	2 2 NAME		Change Addition
STREET ADDRESS	8110 GATEHOUSE RD		2 3 STREET ADDRESS		
CITY-ST-ZIP	FALL CHURCH VA		2 4 CITY-ST-ZIP		
TITLE	vpd Webster, ralph L	☐ DELETE	3. 1 TITLE	·	Change 🔲 Addition
NAME	3701 SKYPARK DR		3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS	TORRENCE CA			TORRANCE	
STREET ADDRESS CITY-ST-ZIP	I UNNENUE UM				
	SD	☐ DELETE	4. 1 TITLE		Change 🗀 Addition
CITY-ST-ZIP TITLE NAME	SD Mitchell, Benjamin e Jr	☐ DELETE	4. 1 TITLE 4.2 NAME		X Change Modition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD MITCHELL, BENJAMIN E JR 3701 SKYPARK DR	☐ DELETE	4.3 STREET ADDRESS		<b>⊠</b> Change [] Addition
CITY-ST-ZIP TITLE NAME	SD MITCHELL, BENJAMIN E JR 3701 SKYPARK DR TORRENCE CA	☐ DELETE	4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TORRANCE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHELL, BENJAMIN E JR 3701 SKYPARK DR	_	4.3 STREET ADDRESS	TORRANCE	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SD MITCHELL, BENJAMIN E JR 3701 SKYPARK DR TORRENCE CA CFOS BELL, MARSHA M. 8110 GATEHOUSE RD	_	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE	<u> </u>	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHELL, BENJAMIN E JR 3701 SKYPARK DR TORRENCE CA CFOS BELL, MARSHA M. 8110 GATEHOUSE RD FALLS CHURCH VA	☐ DELETE	4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	CORRANCE.	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD MITCHELL, BENJAMIN E JR 3701 SKYPARK DR TORRENCE CA CFOS BELL, MARSHA M. 8110 GATEHOUSE RD	_	42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS	FORRANCE	

14. To 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 atrachment with an address.

6 4 CITY - ST - ZIP

**TORRENCE CA** 

CITY-ST-ZIP

SIGNATURE: SALPH L. SALPH L. SALPH L. RALPH L. WEBSTER

4/W/96

TORRANCE

(310) 373-0220