FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **849347** **(0)**

1. Corporation Name
SUMMIT RESEARCH CORPORATION

Principal Place of Business	Mailing Address
1 W DEER PK RD GAITHERSBURGH MD 20877	1 W DEER PK RD GAITHERSBURGH MD 20877

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/04/1981**
3a. Date of Last Report: **04/29/1994**

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

4. FEI Number: **52-1033730** ☐ 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

WALSH, ROBERT W.
2584 FRANKLIN COURT
ORANGE PARK FL 32073

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	VD	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, ROBERT H.	12 NAME	
STREET ADDRESS	8703 LITWALTON CT	13 STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	ROMAN, PAUL D	22 NAME	
STREET ADDRESS	8116 NORTHUMBERLAND RD	23 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD VA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HENRY, MIKE	32 NAME	
STREET ADDRESS	4737 RED COAT RD	33 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA	34 CITY-ST-ZIP	
TITLE	PTD	41 TITLE	☐ Change ☐ Addition
NAME	LEVITT, BEN B	42 NAME	
STREET ADDRESS	301 SUMMIT HALL RD	43 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	KIRKLAND, THOMAS	52 NAME	
STREET ADDRESS	1914 AUBREY PLACE CT.	53 STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA	54 CITY-ST-ZIP	
TITLE	DV	61 TITLE	☐ Change ☐ Addition
NAME	MYRE, ROBERT	62 NAME	
STREET ADDRESS	4628 ORCHARD LANE	63 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA	64 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)(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: _____ APRIL 27, 1995 (301) 840-1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BEN B. LEVITT