

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 849347 (0)

1. Corporation Name

SUMMIT RESEARCH CORPORATION

Principal Place of Business

1 W DEER PK RD
GAITHERSBURG MD 20877

Mailing Address

1 W DEER PK RD
GAITHERSBURG MD 20877



3. Date Incorporated or Qualified
06/04/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

Gaithersburg, MD

28 Gaithersburg, MD

24

Zip Country

29 Zip Country

25

30

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

10. Name and Address of New Registered Agent

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

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

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 12

TITLE VD
NAME SMITH, ROBERT H.
STREET ADDRESS 8703 LITWALTON CT
CITY-STATE-ZIP VIENNA VA ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1314-F Garden Wall Circle
1.4 CITY-STATE-ZIP Reston, VA 22094

TITLE DV
NAME ROMAN, PAUL D
STREET ADDRESS 8116 NORTHUMBERLAND RD
CITY-STATE-ZIP SPRINGFIELD VA ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME D
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE D
NAME HENRY, MIKE
STREET ADDRESS 4737 RED COAT RD
CITY-STATE-ZIP VIRGINIA BEACH VA ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE PTD
NAME LEVITT, BEN B
STREET ADDRESS 301 SUMMIT HALL RD
CITY-STATE-ZIP GAITHERSBURG MD ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE VD
NAME KIRKLAND, THOMAS
STREET ADDRESS 1914 AUBREY PLACE CT.
CITY-STATE-ZIP VIENNA VA ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE DV
NAME MYRE, ROBERT
STREET ADDRESS 4828 ORCHARD LANE
CITY-STATE-ZIP VIRGINIA BEACH VA ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

(301) 840-1707

Date

Daytime Phone #

CR2E034 (12/95)