

4-21-97 B-5058 C  
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 Apr 21 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 851619 (7)  
 1. Corporation Name  
 AMS OF DELAWARE, INC.



Principal Place of Business  
 4050 LEGATO RD  
 FAIRFAX VA 22033  
 US

Mailing Address  
 4050 LEGATO RD  
 FAIRFAX VA 22033-4003  
 US

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

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

3. Date Incorporated or Qualified  
 01/16/1982

3a. Date of Last Report  
 08/05/1996

4. FEI Number  
 54-0856778

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  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
 FL

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	MALEK, FREDERIC V	
STREET ADDRESS	1258 CREST LN	
CITY-ST-ZIP	MCLEAN VA	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	MARSHALL, JAMES E	
STREET ADDRESS	6003 ASHBORO CT	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	GROSS, PATRICK W	
STREET ADDRESS	7401 GLENBROOK RD	
CITY-ST-ZIP	BETHESDA, MD 00000	
TITLE	STVD	<input type="checkbox"/> DELETE
NAME	NICOLAI, FRANK A	
STREET ADDRESS	12325 HATTON PT ROAD	
CITY-ST-ZIP	FT WASHINGTON, MD 00000	
TITLE	C	<input type="checkbox"/> DELETE
NAME	ROSSOTTI, CHARLES O	
STREET ADDRESS	3314 N STREET, N W	
CITY-ST-ZIP	WASHINGTON, D C 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GIUNTINI, PHILIP M.	
STREET ADDRESS	9949 VALE RD	
CITY-ST-ZIP	VIENNA VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: James E Marshall 4-11-97 (703)267-5400  
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)