

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 1998

FLORIDA DEPARTMENT OF STATE  
Brenda B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

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

Principal Place of Business: 4080 LEGATO RD, FAIRFAX VA 22033 US  
Mailing Address: 4080 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  
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  
7. This corporation has liability for intangible tax under s 199.032 Florida Statutes (X) 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 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALEK, FREDERIC V	
STREET ADDRESS	1259 CREST LN	
CITY, STATE, ZIP	MCLEAN VA	
TITLE	ASAT	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, JAMES E	
STREET ADDRESS	8003 ASHBORO CT	
CITY, STATE, ZIP	CHEY CHASE MD	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	GROSS, PATRICK W	
STREET ADDRESS	7401 GLENBROOK RD	
CITY, STATE, ZIP	BETHESDA, MD 00000	
TITLE	STVD	<input type="checkbox"/> DELETE
NAME	NICOLAI, FRANK A	
STREET ADDRESS	12325 HATTON PT ROAD	
CITY, STATE, ZIP	FT WASHINGTON, MD 00000	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	ROSSOTTI, CHARLES O	
STREET ADDRESS	3314 N STREET, N W	
CITY, STATE, ZIP	WASHINGTON, D C 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GIUNTI, PHILIP M.	
STREET ADDRESS	9949 VALE RD	
CITY, STATE, ZIP	VIENNA VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, STATE, ZIP		
11 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Nancy M. Yurek	
13 STREET ADDRESS	2629 South Hayes Street	
14 CITY, STATE, ZIP	Arlington, VA 22202	
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, STATE, ZIP		
11 TITLE	Chairman of the Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Paul A. Brands	
13 STREET ADDRESS	3245 Juniper Lane	
14 CITY, STATE, ZIP	Falls Church, VA 22044	
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, STATE, ZIP		

14. I do hereby certify that the information supplied with this filing complies for quality for the exemption stated in Section 119.01(3)(b) 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 has the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to prepare this report as required by Chapter 627 Florida Statutes, and that my name appears in Block 12 or Block 13. If changed, list an attachment with an address.

SIGNATURE: Nancy M. Yurek NAME OF SIGNING OFFICER OR DIRECTOR: Nancy M. Yurek DATE: 4/29/98 TELEPHONE: (703)267-5400