

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

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FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90186 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 851619

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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 01/16/1982	4. FEI Number 54-0856778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MALEK, FREDERIC V
STREET ADDRESS	1259 CREST LANE
CITY-ST-ZIP	MCLEAN VA
TITLE	AS <input type="checkbox"/> DELETE
NAME	YUREK, NANCY M
STREET ADDRESS	2629 SOUTH HAYES STREET
CITY-ST-ZIP	ARLINGTON VA 22202
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	COB <input type="checkbox"/> DELETE
NAME	BRANDS, PAUL A
STREET ADDRESS	3245 JUNIPER LANE
CITY-ST-ZIP	FALLS CHURCH VA 22044
TITLE	PD <input checked="" 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	Secretary, Executive Vice President, and Director <input checked="" 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	Executive Vice President, CFO, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ronald Schillereff
6.3 STREET ADDRESS	4050 Legato Road
6.4 CITY-ST-ZIP	Fairfax, VA 22033

14. I 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, with all other like empowered.

SIGNATURE: *Nancy M Yurek* 4-28-99 (703) 267-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)