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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **855597** **(1)**

1. Corporation Name
DYNETICS, INC.

Principal Place of Business	Mailing Address
1000 EXPLORER BLVD. POST OFFICE DRAWER B HUNTSVILLE AL 35806	1000 EXPLORER BLVD. POST OFFICE DRAWER B HUNTSVILLE AL 35806-2806

3. Date Incorporated or Qualified: 02/21/1983
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business	2a. Mailing Address
21 1000 Explorer Blvd. ~~P.O. Box 5500~~	26 P.O. Box 5500
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Huntsville, AL	City & State 28 Huntsville, AL
Zip / Country 24 35806 / 25	Zip / Country 29 35814 / 30

4. FEI Number: 63-0670881 ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BENDICKSON, MARCUS J.		1.2 NAME		
STREET ADDRESS	1307 HUNTSVILLE HILLS		1.3 STREET ADDRESS		
CITY-ST-ZIP	HUNTSVILLE AL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAUMBACH, THOMAS A		2.2 NAME		
STREET ADDRESS	9403 HARTWICK CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HUNTSVILLE AL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARNARD, HERBERT M.		3.2 NAME		
STREET ADDRESS	26 ST JAMES SQUARE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HUNTSVILLE AL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, BOB O..		4.2 NAME		
STREET ADDRESS	1502 OLIVER ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALBERTVILLE AL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	KELLY, E. P.		5.2 NAME		
STREET ADDRESS	10317 PICADILLY LANE		5.3 STREET ADDRESS	700 Miravista Dr.	
CITY-ST-ZIP	HUNTSVILLE AL		5.4 CITY-ST-ZIP	Huntsville, AL 35802	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Eugene P. Kelly — Eugene P. Kelly -TREASURER — 1-21-97 — 205-922-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #