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May 05 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 # 856385 (0)
1. Corporation Name
NEWPORT NEWS INDUSTRIAL CORPORATION



Principal Place of Business
700 THIMBLE SHOALS BLVD.
SUITE 108
NEWPORT NEWS VA 23606
US

Mailing Address
700 THIMBLE SHOALS BLVD.
SUITE 108
NEWPORT NEWS VA 23606-2575
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/10/1983

3a. Date of Last Report

05/01/1996

4. FEI Number

54-0793624

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

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

Signature, typed or printed name of registered agent and 1997 applicable

(NOTE - Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE COB
NAME FRICKS, WILLIAM P
STREET ADDRESS 4101 WASHINGTON AVE.
CITY-ST-ZIP NEWPORT NEWS VA

☐ DELETE

TITLE VPD
NAME BRADBURN, THOMAS J.
STREET ADDRESS 4101 WASHINGTON AVE
CITY-ST-ZIP NEWPORT NEWS VA

☐ DELETE

TITLE D
NAME SCHIEVELBEIN, THOMAS C
STREET ADDRESS 4101 WASHINGTON AVE
CITY-ST-ZIP NEWPORT NEWS VA

☐ DELETE

TITLE S
NAME CLARKSON, STEPHEN B.
STREET ADDRESS 4101 WASHINGTON AVE
CITY-ST-ZIP NEWPORT NEWS VA

☐ DELETE

TITLE TC
NAME SHERWOOD, GEORGE R.
STREET ADDRESS 700 THIMBLE SHOALS 113
CITY-ST-ZIP NEWPORT NEWS VA

☐ DELETE

TITLE PD
NAME PALMER, JAMES A
STREET ADDRESS 4101 WASHINGTON AVE
CITY-ST-ZIP NEWPORT NEWS VA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Stephen B. Clarkson

4-28-97

757-380-3600

CR2E034 (9/96)