2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 20, 2004 8:00 am Secretary of State

Principal Place of Business 21515 RIDECTOP CIRCLE, SUITE 210 21515	2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc.	1. Entity Nam	MENT # F02000001 CHASE APPLIED RESEAR			08-20-2004 90008 011 ***150.00				
21515 RIDECTOP CRICLE, SUITE 210 STERLING, VA 20166-6509 SUIB, Apt. 6, etc. Suibs, Apt. 6, etc. Suibs, Apt. 6, etc. O7132004 Chg.P CA2E034 (10/03) Cty & State Chg. & Suite Chy & State Chg. & Suite Application Tight and Address of Current Registered Agent To Country Zip Country Zip Country Zip Country S. Certificate of Status Desired Fee Required City File Now, In the State of Fords. I am familiar with, and accept the obligations of registered agent. Street Address (P.O. Box Number is Not Acceptable) File Now, In the State of Fords. I am familiar with, and accept the obligations of registered agent. FILE NOWIII FEE IS \$150.00 Due by September 8, 2004 Tight Contribution. OFFICERS AND DIRECTORS III. NAME HYDE, PAUL N SIRET AGENSS FILE NOWIII FEE IS \$150.00 DIV-SI-ZP CANADA LAW 424. Deels III. NAME SIRET AGENSS CHY-SI-ZP CANADA LAW 424. Deels III. NAME SIRET AGENSS CHY-SI-ZP CON-SI-ZP CON-	2. Principal Place of Business 3. Mailing Address 5. Mailing Address 6. Mailing Addre	Principal Plac	e of Business	.a f em		portugitalis i				
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The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	The state of Picture	Suite, Apt. #, etc.					07132004	Chg-P	CR2E034 (10/03)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature Signature, typed or private range or required agent and title I applicable. PLE NOW!!! FEE IS \$150.00 Due by September 8, 2004 Trust Fund Contribution. SECTION AND BE Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CP Debte HYDE, PAUL N MAKE HYDE, PAUL N STRET ADDRESS 110. ORBITOR DRIVE, MISSISSAUGA ONTARIO STRET ADDRESS 110. ORBITOR DRIVE, MISSISSAUGA ONTARIO STRET ADDRESS 111. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SD Debte TITLE MAKE STRET ADDRESS 110. ORBITOR DRIVE, MISSISSAUGA ONTARIO STRET ADDRESS 111. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE STRET ADDRESS STORY OF STRET ADDRESS STORY OF STRET ADDRESS STRET A	S. Gerificate of Status Desired Status Desired See Required	City & Stat	te City & State				1			
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	12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/3/(i) Florida Statuton. I further certify that the information	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	5100 ORBITOR DRIVE, MISSIS	SAUGA ONTARIO Delete Delete	NAME STREE CITY- STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	E ET ADDRESS -ST-ZIP	retery of berts : B	istorate severly A. or Drive, H	Change	Addition Addition

indicated on this report or supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

905-238

SIGNATURE: S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6900 x 3252

Daytime Phone #