

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 19 1996 8:00 am
Secretary of State

DOCUMENT # **F02002 (6)**

1. Corporation Name
COLEMAN RESEARCH CORPORATION



Principal Place of Business: **201 S. ORANGE AVE STE 1300 ORLANDO FL 32801 US**
Mailing Address: **201 S. ORANGE AVE STE 1300 ORLANDO FL 32801 US**

21	2. Principal Place of Business	2a	Mailing Address
22	State, Apt. #, etc.	26	State, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30			

3	Date Incorporated or Qualified	3a	Date of Last Report
	10/16/1980		05/01/1995
4	FBI Number	Applied For Not Applicable	
	59-2039476		
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 has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

MORRISON, JAMES B.
201 S. ORANGE AVE
STE 1300
ORLANDO FL 32801

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 607.0507 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CBD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, MARSHALL J.	12. NAME	
STREET ADDRESS	81 WYMAN ST	13. STREET ADDRESS	
CITY, ST, ZIP	WALTHAM MA	14. CITY, ST, ZIP	
TITLE	PD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, JAMES B.	22. NAME	
STREET ADDRESS	201 S. ORANGE AVE., STE 1300	23. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO, FL 3	24. CITY, ST, ZIP	
TITLE	VPD	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, RICHARD H.	32. NAME	
STREET ADDRESS	201 S. ORANGE AVE., STE 1300	33. STREET ADDRESS	
CITY, ST, ZIP	LONGWOOD FL	34. CITY, ST, ZIP	
TITLE	VPD	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MARTIN R.	42. NAME	
STREET ADDRESS	950 L'ENFANT PLAZA CENTER SW, 8TH FLOOR	43. STREET ADDRESS	
CITY, ST, ZIP	WASHINGTON DC	44. CITY, ST, ZIP	
TITLE	VPD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, BUDDY G.	52. NAME	
STREET ADDRESS	950 L'ENFANT PLAZA CENTER SW, 8TH FLOOR	53. STREET ADDRESS	
CITY, ST, ZIP	WASHINGTON DC	54. CITY, ST, ZIP	
TITLE	VPD	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, ROBERT V	62. NAME	
STREET ADDRESS	6820 MOQUIN DRIVE	63. STREET ADDRESS	
CITY, ST, ZIP	HUNTSVILLE AL	64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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