

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90185 022 ***150.00

DOCUMENT # F02002

1. Corporation Name

COLEMAN RESEARCH CORPORATION

Principal Place of Business

201 S. ORANGE AVE
STE 1300
ORLANDO FL 32801
US

Mailing Address

C/O TAX DEPARTMENT
81 WYMAN STREET
WALTHAM MA 02254
US

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

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1980

4. FEI Number

59-2039476

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CBD** ☐ DELETE
NAME **ARMSTRONG, MARSHALL J.**
STREET ADDRESS **81 WYMAN ST**
CITY-ST-ZIP **WALTHAM MA**

TITLE **PD** ☐ DELETE
NAME **MORRISON, JAMES B**
STREET ADDRESS **201 S. ORANGE AVE., STE 1300**
CITY-ST-ZIP **ORLANDO, FL 3**

TITLE **VPD** ☐ DELETE
NAME **LEVINE, RICHARD H.**
STREET ADDRESS **201 S. ORANGE AVE., STE 1300**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **VPD** ☐ DELETE
NAME **ADAMS, MARTIN R.**
STREET ADDRESS **950 L'ENFANT PLAZA CENTER SW, 8TH FLOOR**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **VPD** ☐ DELETE
NAME **BECK, BUDDY G.**
STREET ADDRESS **950 L'ENFANT PLAZA CENTER SW, 8TH FLOOR**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **VPD** ☐ DELETE
NAME **WELLS, ROBERT V**
STREET ADDRESS **6820 MOQUIN DRIVE**
CITY-ST-ZIP **HUNTSVILLE AL**

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 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:

Robert V. Aghababian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99
Date

781.622.1132
Daytime Phone #

CR2E034 (1/98)