

FILE NOW: FILING FEE IS \$61.2

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000001752 (5)

1. Corporation Name
AAMVANET, INC.



Principal Place of Business Mailing Address
4200 WILSON BOULEVARD, SUITE 1100 ARLINGTON VA 22203

3. Date Incorporated or Qualified **04/05/1993** 3a. Date of Last Report **06/13/1995**

2. Principal Place of Business 2a. Mailing Address
21 **4301 Wilson Blvd Suite 400** 26 **4301 Wilson Blvd Suite 400**
22 **Arlington VA** 27 **Arlington VA**
23 **22203** 24 **Arlington** 25 **22203** 28 **Arlington** 29 **22203** 30 **Arlington**

4. FEI Number **54-1491149** 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
**HANRAHAN, SHEILA
3004 EMERSON STREET
TAMPA FL 33629**

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 617.0502 and 617.1508, Florida Statutes, the undersigned, who is duly qualified to act as a registered agent, hereby certifies that he is familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

I, the undersigned, being duly qualified to act as a registered agent, hereby certify that I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I hereby accept the appointment as registered agent. I am

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	C	1. NAME
NAME	HOLMES, GILBERT	2. NAME
STREET ADDRESS	100 N. SENATE AVENUE	3. STREET ADDRESS
CITY-ST-ZIP	INDIANAPOLIS IN 46204	4. CITY-ST-ZIP
TITLE	VC	21. NAME
NAME	DUFFORD, MILTON	22. NAME
STREET ADDRESS	955 PARK STREET	23. STREET ADDRESS
CITY-ST-ZIP	COLUMBIA SC 29202	24. CITY-ST-ZIP
TITLE	D	31. NAME
NAME	MCDANIEL, STUART	32. NAME
STREET ADDRESS	800 LINCOLN WAY	33. STREET ADDRESS
CITY-ST-ZIP	AMES IA 50010	34. CITY-ST-ZIP
TITLE	D	41. NAME
NAME	RICKERT, W M	42. NAME
STREET ADDRESS	6601 RITCHIE HIGHWAY	43. STREET ADDRESS
CITY-ST-ZIP	GLEN BURNIE MD 21062	44. CITY-ST-ZIP
TITLE	P	51. NAME
NAME	GOLEMAN, BARRY	52. NAME
STREET ADDRESS	4200 WILSON BLVD., SUITE 1100	53. STREET ADDRESS
CITY-ST-ZIP	ARLINGTON VA 22203	54. CITY-ST-ZIP
TITLE	D	61. NAME
NAME	STRANDQUIST, JOHN	62. NAME
STREET ADDRESS	4200 WILSON BLVD., SUITE 1100	63. STREET ADDRESS
CITY-ST-ZIP	ARLINGTON VA 22203	64. CITY-ST-ZIP

11. NAME	D Holmes, Gilbert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	100 N. Senate Ave	
13. STREET ADDRESS	Indianapolis IN 46204	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. CITY-ST-ZIP		
21. NAME	C Hartman, Dee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	140 West 6th Ave Room 100	
23. STREET ADDRESS	Denver Co 80204	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. CITY-ST-ZIP		
31. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. CITY-ST-ZIP		
41. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
44. CITY-ST-ZIP		
51. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
54. CITY-ST-ZIP		
61. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/16/96** Daytime Phone # **703-908-8269**

CR2E037 (12/95)