

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

50 MAY - 1 AM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002940 (5)**

1. Corporation Name

MATERIALS, COMMUNICATION AND COMPUTERS, INC.

Principal Place of Business

1500 NORTH BEAUREGARD STREET, SUITE 300
ALEXANDRIA VA 22311

Mailing Address

P.O. BOX 11243
ALEXANDRIA VA 22312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1993

3a. Date of Last Report

03/30/1994

2. Principal Place of Business

21

State, Apt. # etc.

22

City & State

23

Country

25

2a. Mailing Address

26

State, Apt. # etc.

27

City & State

28

Country

30

4. FEI Number

56-1375202

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. 199.047
Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0407 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 this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0407, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	CD
2. NAME	MCGUFFEY, JAMES N
3. STREET ADDRESS	600 N. ARMISTEAD STREET
4. CITY, ST. ZIP	ALEXANDRIA VA
5. TITLE	PTD
6. NAME	MCGUFFEY, R L MRS.
7. STREET ADDRESS	600 N. ARMISTEAD STREET
8. CITY, ST. ZIP	ALEXANDRIA VA
9. TITLE	VD
10. NAME	RAY, LOUIS H
11. STREET ADDRESS	6100 BEECHTREE DRIVE
12. CITY, ST. ZIP	ALEXANDRIA VA 22314
13. TITLE	VDS
14. NAME	BURTHEY, REMBER O III
15. STREET ADDRESS	10418 MOUNTAIN QUAIL ROAD
16. CITY, ST. ZIP	SILVER SPRING MD
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST. ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, ST. ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST. ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST. ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST. ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST. ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST. ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.0406, 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 liquidator empowered to conduct the 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:

R.L. McGuffey
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1995 703/820-3500