FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAY -1 PM 7:50
SECRE... TALLA...

DOCUMENT # F93000004743 (1)

1. Corporation Name
TECHNAUTICS, INC.

Principal Place of Business	Mailing Address
4900 SEMINARY ROAD, STE. 1000 ALEXANDRIA VA 22311	4900 SEMINARY ROAD, STE. 1000 ALEXANDRIA VA 22311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1993**
3a. Date of Last Report: **04/11/1994**
4. FEI Number: **52-1453839** ☐ 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

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

9. Name and Address of Current Registered Agent

BAILLARGEON, ARMAND
5861 VESTAVIA LANE
PENSACOLA FL 32526

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	P
NAME	LOPEZ, GERALD
STREET ADDRESS	43912 TAVERN DR.
CITY ST ZIP	ASHBURN VA 22011
TITLE	VTS
NAME	VAN DER LINDEN, THOMAS
STREET ADDRESS	1924 KENILWORTH AVE.
CITY ST ZIP	ARLINGTON VA
TITLE	V
NAME	GABEL, NANCY
STREET ADDRESS	~~43045 KITTS HILL TR.~~
CITY ST ZIP	~~ASHBURN VA.~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition	300001474069
1.2 NAME		-05/03/95--01148--024
1.3 STREET ADDRESS		****200.00 ****200.00
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	XX Change ☐ Addition	
3.2 NAME		
3.3 STREET ADDRESS		20924 Fowler's Mills Circle
3.4 CITY ST ZIP		Ashburn VA 22011
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 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: Nancy E. Gabel V.P. Contracts + Finance 4/14/95 (703) 671-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Nancy E. Gabel

5-1-95

FN