

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000000729 (3)**

1. Corporation Name
MAR DATA SYSTEMS, INC.



Principal Place of Business: **6110 EXECUTIVE BOULEVARD, STE. 410 ROCKVILLE MD 20852**
Mailing Address: **6110 EXECUTIVE BOULEVARD, STE. 410 ROCKVILLE MD 20852**

3. Date Incorporated or Qualified: **02/15/1994**
3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business (21-23) and Mailing Address (24-26) fields with sub-sections for Suite, City & State, and Zip/Country.

4. FEI Number: **52-1857220**
5. Certificate of Status Desired:
6. Election Campaign Financing:
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent (81-85) fields.

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, JAMES P	1.2 NAME	
STREET ADDRESS	6110 EXECUTIVE BLVD., STE. 410	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANWARING, S. EDWARD	2.2 NAME	
STREET ADDRESS	6110 EXECUTIVE BLVD., STE. 410	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAY, BRIAN M	3.2 NAME	
STREET ADDRESS	6110 EXECUTIVE BLVD., STE. 410	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, KEITH	4.2 NAME	
STREET ADDRESS	6110 EXECUTIVE BLVD., STE. 410	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: James P Ramsey DATE: _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)