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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 20852-3983



3. Date Incorporated or Qualified 02/15/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 52-1857220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	Chairman
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	Secretary/Treasurer
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	V	3.1 TITLE	President
NAME	HUNT, KEITH	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		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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

SIGNATURE: *James P. Ramsey* 1/28/97 301-230-4565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)