## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

P O BOX 221590

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **F9400003031**1. Corpora ion Name

Principal Place of Business 5160 PARKSTONE DR., #190

PROTOCOL TELECOMMUNICATIONS SERVICES, INC.

CHANTILLY VA 20151-813 US		CHANTILLY VA 20153-590 US			DO NOT WRITE IN THIS SPACE		
00		00			3. Date Ir corporated or Qualifed 06/09/1994		
2. Principa Pla	ace of Business	2a. Mailing Address			4. FEI Number	Apr	lied For
21 4440 Brookfield Corp. Dr. 26					54-1358097	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifc ate of Status Desired	\$8.75 A	
22		27			5. Certifo ite of Status Desired	Fee Re	uired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 Chantilly, VA 28					Trust F und Contribution	Added to	Fees
Zip	Cour try Zip			-	8. This corporation owes the current year		
24 20151	-1641 25 US	29 20153-1590 30			Persor al Property Tax. XXYes No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	d Agent	
			81	Name			
CT CORPORATION SYSTEM				Street A	Aridress (P.O. Bo) Number is Not Acceptable)		
1200 S. PINE ISLAND ROAD			82	Street	- Indicase (i .e. Box italinear a transfer and		
Plan	ITATION FL 33324		83				
				0.7		. 85 Zip C	ode
			84	City	· F	L   S   Zip C	,,,,,,
office or re	edistered agent, or both, in the State G	i Fiorida. Such change was 30	tnorizea by	tne corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of changing its ointment as req	registered pistered
agent. I ar	n familiar with, and accept the obligat	ons of, Section 607.0505, Flori	da Statutes	•			
SIGNATUF:E					equired when reinstating) DATE		
	Signature, typed or printed no me of registered agenr OFFICERS ANI		Registered Ager	t signature n	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.		DELETE	1.1 TITLE		7,00717,707.0	Change	Addition
TITLE	PD C	רון מכנבור	1			_ · v	<u> </u>
NAME	KIPP, R. R		1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	ACCUMENTAL DE LA						
CITY-ST-ZIP			1.4 CITY-ST-ZIP			☐ Change	Addition
TITLE	CB □ DELETE		2.1 TITLE				
NAME	PFISTER, P C/O ADECCO		22 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			2.4 CITY-5	T-ZIP		- Charac	- Addition
TITLE	V □ DELETE		3.1 TITLE			Change	Addition
NAME	BERRY, S. A		3.2 NAME				
STREET ADDRI.SS	DDRF.SS 3916 BOKEL DR		3.3 STREE	FADDRESS			
CITY-ST-ZIP			3.4. CITY-5	T-ZIP			
TITLE	VCFO	□ DELETE	4.1 TITLE		V, CFO, S	X Change	☐ Addition
NAME	COMRIE, R. E		4. 2 NAME				
STREET ADORESS	6303 LEE FOREST PATH		4.3 STREE	r address			
CITY-ST-ZIP	CENTREVILLE VA 44		4.4 CITY-S	T-ZIP			
TITLE	S	XXDELETE	5.1 TITLE		V	☐ Change	Addition
NAME	FUHRER, R.A.		5.2 NAME		Cloutier, R		
STREET ADDRESS	COAS NORTH BROOK LAND		5.3 STREE	TADDRESS	4440 Brookfield Corporate	Dr.	
CITY-ST-ZIP	BETHESDA MD		5.4 CITY-S	T-ZIP	Chantilly, VA 20151-1641		
TITLE	D XI DELETE		6.1 TITLE	-	\	☐ Change	Addition
NAME.	BOWMER, J	<b>m</b>	6.2 NAME				
STDEET ADDRESS	100 PEDWOOD SHORES PARKS	νδα	6.3 STREE	TADDRESS			

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 '(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 embewaged 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 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 embedding the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee embedding that it is not 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 embedding that it is not true.

SIGNATURE: NING OFFICE R OR DIRECTOR

**REDWOOD CITY CA** 

CITY-ST-ZiP

April 20, 1999

(703) 222-8300

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90145 038 \*\*\*150.00