

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000003083 (2)

1. Corporation Name

ADVANTOR HOLDING COMPANY

Principal Place of Business

424 N. WASHINGTON ST.  
ALEXANDRIA VA 22314

Mailing Address

424 N. WASHINGTON ST.  
ALEXANDRIA VA 22314



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	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
06/14/1994	03/24/1995
4. FEI Number	Applied For
54-1431043	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing	
Trust Fund Contribution	<input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ROLLINS, FRED A  
6101 LAKE ELLENOR DR.  
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81	Name	TERRY L. McCollough, Esq.	
82	Street Address (P.O. Box Number is Not Acceptable)	538 EAST WASHINGTON STREET	
83			
84	City	ORLANDO	FL
85	Zip Code	32801	

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 of Florida Statutes.

SIGNATURE

*Terry L. McCollough*

(NOTE: Registered Agent signature required when reinstating)

4/18/96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMMING, HARRY S	1.2 NAME	
STREET ADDRESS	424 N. WASHINGTON DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22314	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDIS, JANE A	2.2 NAME	
STREET ADDRESS	424 N. WASHINGTON DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22314	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFTON, RICHARD N	3.2 NAME	
STREET ADDRESS	6101 LAKE ELLENOR DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Jane A. Landis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

DATE

407/859-3350

Daytime Phone #

CR2E034 (12/95)