SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F94000004296 (9)**

1. Corporation Name
INNOVATIVE LOGISTICS TECHNIQUES, INC.

Principal Place of Business	Mailing Address
SUITE 330 1430 SPRING HILL ROAD MCLEAN VA 22102-3000	SUITE 330 1430 SPRING HILL ROAD MCLEAN VA 22102-3000

3. Date Incorporated or Qualified: 08/18/1994
3a. Date of Last Report: 09/22/1995

2. Principal Place of Business
21 2010 Corporate Ridge
Suite, Apt. #, etc.
22 9th Floor
City & State
23 McLean, VA
Zip 24 22102 Country 25 US

2a. Mailing Address
26 2010 Corporate Ridge
Suite, Apt. #, etc.
27 9th Floor
City & State
28 McLean, VA
Zip 29 22102 Country 30 US

4. FEI Number: ~~59-3225036~~ 54-1502670 ☐ 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

9. Name and Address of Current Registered Agent

BLISS, RICHARD
INNOLOG
11822 GREENLAND OAKS DRIVE
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent

81 Name: Hammond, Thaddeus
82 Street Address (P.O. Box Number is Not Acceptable): 12971 Everett Court West
83
84 City: Jacksonville **FL** 85 Zip Code: 32225

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: Thaddeus Hammond — Thaddeus Hammond — June 18, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	HAMMOND, VERLE B		12 NAME		
STREET ADDRESS	1430 SPRING HILL ROAD SUITE 330		13 STREET ADDRESS	2010 Corporate Ridge, 9th Floor	
CITY-ST-ZIP	MCLEAN VA 22102-3000		14 CITY-ST-ZIP	McLean, VA 22102	
TITLE	TS	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	HAMMOND, ELEANOR D		22 NAME		
STREET ADDRESS	1430 SPRING HILL ROAD SUITE 330		23 STREET ADDRESS	2010 Corporate Ridge, 9th Floor	
CITY-ST-ZIP	MCLEAN VA 22102-3000		24 CITY-ST-ZIP	McLean, VA 22102	
TITLE	DV	☐ DELETE	31 TITLE	V	☒ Change ☐ Addition
NAME	HOLMES, PAMELA R		32 NAME		
STREET ADDRESS	1430 SPRING HILL ROAD SUITE 330		33 STREET ADDRESS	2010 Corporate Ridge, 9th Floor	
CITY-ST-ZIP	MCLEAN VA 22102-3000		34 CITY-ST-ZIP	McLean, VA 22102	
TITLE	DV	☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	WILLIAMS, VERONNE		42 NAME		
STREET ADDRESS	1430 SPRING HILL ROAD SUITE 330		43 STREET ADDRESS	2010 Corporate Ridge, 9th Floor	
CITY-ST-ZIP	MCLEAN VA 22102-3000		44 CITY-ST-ZIP	McLean, VA 22102	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Verle B. Hammond 6/13/96 (703)506-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #