

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:31

DOCUMENT # F94000004512 (9)

1. Corporation Name

SYSTEMS/DATA LOOP, INC.

Principal Place of Business

**1350 BEVERLY ROAD SUITE 115-312
MCLEAN VA 22101**

Mailing Address

**1350 BEVERLY ROAD SUITE 115-312
MCLEAN VA 22101**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/30/1994

3a. Date of Last Report

2. Principal Place of Business

21 1807 Buckthorn Lane

2a. Mailing Address

26 1807 Buckthorn Lane

4. FBI Number

52-1335398

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23 Sanibel, Florida

City & State

28 Sanibel, Florida

6. Election Campaign Financing

Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip

Country

24 33957

25 U.S.A.

Zip

Country

29 33957

30 U.S.A.

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARBERA, SALVATORE J
1807 BUCKTHORN LANE
SANIBEL FL 22101**

81 Name

SAME AS 9

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
PVC
NAME
BARBERA, SUSAN L
STREET ADDRESS
1807 BUCKTHORN LANE
CITY - ST - ZIP
SANIBEL FL 33957

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
CEOC
NAME
BARBERA, SALVATORE J
STREET ADDRESS
1807 BUCKTHORN LANE
CITY - ST - ZIP
SANIBEL FL 33957

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

Susan L. Barbera (**SUSAN L. BARBERA**)

April 4, 95 **429-9212**

201-

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

(Name)

(Signature Number)