FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 10:01

DOCUMENT # F94000004541 (8)

1. Corporation Name
PEC OMEGA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3005 BOTHELL WA 98041-3005	P.O. BOX 3005 BOTHELL WA 98041-3005

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/31/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 PO Box 608166	26 PO Box 608166
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO FL	City & State 28 ORLANDO FL
Zip 24 32860 Country 25	Zip 29 32860 Country 30

4. FEI Number: ~~91-1636729~~ ☐ 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

HIQ CORPORATE SERVICES, INC.
526 E. PARK AVE., STE 200
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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☒ Addition D
NAME	DANIEL II, JOHN R	1.2 NAME	DAVID C. KRAVITZ
STREET ADDRESS	3102 SOUTH OVERLAND RD.	1.3 STREET ADDRESS	19805 NORTH CREEK PARKWAY
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	Bothell WA 98011
TITLE	VD	2.1 TITLE	☐ Change ☒ Addition D
NAME	CARDOZA, RONALD	2.2 NAME	BRADLEY S. POWELL
STREET ADDRESS	3102 SOUTH OVERLAND RD.	2.3 STREET ADDRESS	19805 NORTH CREEK PARKWAY
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	Bothell WA 98011
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	BATHKE, BENJAMIN	3.2 NAME	
STREET ADDRESS	3102 SOUTH OVERLAND RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, CHARLES	4.2 NAME	
STREET ADDRESS	3102 SOUTH OVERLAND RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☒ Change ☐ Addition TD
NAME	CULLY, GARY M	5.2 NAME	STEIGERWALD, DAN E.
STREET ADDRESS	19805 NORTH CREEK PKWY.	5.3 STREET ADDRESS	19805 NORTH CREEK PARKWAY
CITY-ST-ZIP	BOTHELL WA	5.4 CITY-ST-ZIP	Bothell WA
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	DECKER, SONJA G	6.2 NAME	
STREET ADDRESS	19805 NORTH CREEK PKWY.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOTHELL WA	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)(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: Sonja G Decker 2/27/95 (206)486-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0402100 FP