SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $975)

PROFIT 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 JUL -3 AM 8:34

DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000005647 (2)

1. Corporation Name
INFORMATION TECHNOLOGY SOLUTIONS, INC.

Principal Place of Business	Mailing Address
2 EATON STREET SUITE 900 HAMPTON VA 23669	2 EATON STREET SUITE 900 HAMPTON VA 23669

3. Date Incorporated or Qualified: **10/31/1994**
3a. Date of Last Report: N/A

2. Principal Place of Business — 21 / 22 Suite, Apt #, etc / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 Suite, Apt #, etc / 28 City & State / 29 Zip / 30 Country

4. FEI Number: **54-1418374** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired N/A ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution N/A ☐ **$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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 ______

12. OFFICERS AND DIRECTORS

TITLE	**P**
NAME	**ELLISON, HENRY L**
STREET ADDRESS	**47 CHOWNING DRIVE**
CITY-ST-ZIP	**HAMPTON VA 23664**
TITLE	**S**
NAME	**ELLISON, THERESA**
STREET ADDRESS	**47 CHOWNING DRIVE**
CITY-ST-ZIP	**HAMPTON VA 23664**
TITLE	**V**
NAME	**DEBASTIANI, RICHARD**
STREET ADDRESS	**13118 APPLEGROVE LANE**
CITY-ST-ZIP	**HERNDON VA 22071**
TITLE	**CFO**
NAME	**ANDERSON, CARL B**
STREET ADDRESS	**312 INDIAN AVENUE**
CITY-ST-ZIP	**VIRGINIA BEACH VA 23451**
TITLE	**V**
NAME	**GIBSON, JOHN J**
STREET ADDRESS	**509 HIDDEN WAY #103**
CITY-ST-ZIP	**VIRGINIA BEACH VA 23454**
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

CR2E034 (3/95)

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: Carl B Anderson, V.P. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
6/27/95 — Date
(804) 723-3541 — Daytime Phone #

0179007 PN