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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F94881** (2)

1. Corporation Name

**ANEDYN POWER COMPANY**

Principal Place of Business

**2000 EDMUND HALLEY DR  
RESTON VA 22091-436  
US**

Mailing Address

**2000 EDMUND HALLEY DR  
RESTON VA 22091-436  
US**



3. Date Incorporated or Qualified <b>08/17/1982</b>	3a. Date of Last Report <b>04/27/1995</b>
4. FEI Number <b>54-1210334</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**WOLFE, LARRY  
200 A JOHN KNOX ROAD  
TALLAHASSEE FL 32303-6643**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	<b>FL</b>

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REICHARDT, DAVID L.</b>	1.2 NAME	<b>SEE ATTACHED LIST</b>
STREET ADDRESS	<b>2000 EDMUND HALLEY DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RESTON VA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HYMAN, M. J.</b>	2.2 NAME	
STREET ADDRESS	<b>2000 EDMUND HALLEY DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RESTON VA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUTCHINSON, RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>2000 EDMUND HALLEY DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RESTON VA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANCHARD, T. EUGENE</b>	4.2 NAME	
STREET ADDRESS	<b>2000 EDMUND HALLEY DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RESTON VA 22091</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REICHARDT, DAVID L</b>	5.2 NAME	
STREET ADDRESS	<b>200 EDMUND HALLEY DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RESTON VA 22091</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 change of agent is an attachment with an address.

SIGNATURE: **MARSHAL J. HYMAN**

(Signature and typed or printed name of signing officer or director)

**4/21/96**

(Date)

**(703) 264-9117**

(Daytime Phone #)

CR2E034 (12/95)

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ANEDYN POWER COMPANY  
2000 EDMUND HALLEY DRIVE  
RESTON, VA 22091  
FORMERLY KNOWN AS ANECO POWER COMPANY

ATTACHED TO AND MADE A PART OF THE 1996 FLORIDA ANNUAL REPORT

DIRECTORS

T. EUGENE BLANCHARD	2000 EDMUND HALLEY DR., RESTON, VA 22091	327-24-3576
DAVID L. REICHARDT	1222 ALDEBARAN DR., MCLEAN, VA 22101	
	2000 EDMUND HALLEY DR., RESTON, VA 22091	220-40-5589
	8053 RISING RIDGE RD., BETHESDA, MD 20817	

OFFICERS

PRESIDENT	DAVID L. REICHARDT	2000 EDMUND HALLEY DR., RESTON, VA 22091	220-40-5589
VICE PRESIDENT	MARSHAL J. HYMAN	8053 RISING RIDGE RD., BETHESDA, MD 20817	
SECRETARY	H. M. HOUGEN	2000 EDMUND HALLEY DR., RESTON, VA 22091	180-34-0127
TREASURER	RICHARD HUTCHINSON	19 HONEY BROOK LANE, GAITHERSBURG, MD 20878	478-42-7729
		2000 EDMUND HALLEY DR., RESTON, VA 22091	
		2101 WITTINGTON BLVD., ALEXANDRIA, VA 22308	
		2000 EDMUND HALLEY DR., RESTON, VA 22091	
		8612 GARFIELD ST., BETHESDA, MD 20817	578-60-3763

SECOND ADDRESS DENOTES HOME  
FIRST ADDRESS DENOTES WORK  
REV. 03/95

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