


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F94881 (2)</b> 1. Corporation Name <b>ANEDYN POWER COMPANY</b>					
Principal Place of Business <b>2000 EDMUND HALLEY DR RESTON VA 22091-436 US</b>			Mailing Address <b>2000 EDMUND HALLEY DR RESTON VA 22091-436 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/17/1982</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>54-1210334</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>20191-3436</b> 25		29 <b>20191-3436</b> 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>WOLFE, LARRY 200 A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
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 checked="" 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>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REICHARDT, DAVID L</b>		3.2 NAME		
STREET ADDRESS	<b>200 EDMUND HALLEY DR.</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>RESTON VA 22091</b>		3.4 CITY-ST-ZIP		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FITZPATRICK, PATRICK</b>		4.2 NAME		
STREET ADDRESS	<b>2000 EDMUND HALLEY DRIVE</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>RESTON VA</b>		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	<b>TREASURER</b>	
STREET ADDRESS			5.3 STREET ADDRESS	<b>PAUL T. GRAHAM</b>	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<b>2000 EDMUND HALLEY DRIVE</b>	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	<b>ASST VICE PRESIDENT</b>	
STREET ADDRESS			6.3 STREET ADDRESS	<b>JOHN P. IRELAND</b>	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<b>2000 EDMUND HALLEY DRIVE</b>	

14. I hereby certify that the information supplied with this filing 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.

AL 2006-1

JOHN P. IRELAND

4/14/98

703 264 9122

CR2E034 (10/97)

**ANEDYN POWER COMPANY  
2000 EDMUND HALLEY DRIVE  
RESTON, VA 20191  
FLORIDA**

ATTACHED TO AND MADE A PART OF THE 1998 FLORIDA ANNUAL REPORT

TITLE	NAME	SSN	WORK ADDRESS	HOME ADDRESS	PHONE NUMBER
DIRECTOR	DAVID L. REICHARDT	220-40-5589	2000 EDMUND HALLEY DRIVE RESTON, VA 20191	8053 RISING RIDGE ROAD BETHESDA, MD 20817	(703) 264-0330
PRESIDENT	DAVID L. REICHARDT	220-40-5589	2000 EDMUND HALLEY DRIVE RESTON, VA 20191	8053 RISING RIDGE ROAD BETHESDA, MD 20817	(703) 264-0330
ASST. VICE PRESIDENT	JOHN P. IRELAND	473-54-4485	2000 EDMUND HALLEY DRIVE RESTON, VA 20191	17180 QUAIL CREEK CR. HAMLTON, VA 20158	(703) 264-9206
SECRETARY	H. MONTGOMERY HOUGEN	478-42-7729	2000 EDMUND HALLEY DRIVE RESTON, VA 20191	2101 WITTINGTON BLVD ALEXANDRIA, VA 22308	(703) 264-9108
TREASURER	PAUL T. GRAHAM	220-96-0679	2000 EDMUND HALLEY DRIVE RESTON, VA 20191	47677 CORNER SQUARE STERLING, VA 20165	(703) 264-0330