

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

FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F95000001201 (1)**

1. Corporation Name

APA, INC.



Principal Place of Business 103 W. BROAD ST SUITE 600 FALLS CHURCH VA 22046	Mailing Address 103 W. BROAD ST SUITE 600 FALLS CHURCH VA 22046-4237
---	--

3. Date Incorporated or Qualified 03/14/1995	3a. Date of Last Report 04/17/1996
--	--

2. Principal Place of Business 21 150 SOUTH WASHINGTON ST Suite, Apt. #, etc. 22 SUITE 401 City & State 23 FALLS CHURCH VA Zip 24 22046	2a. Mailing Address 26 150 SOUTH WASHINGTON ST Suite, Apt. #, etc. 27 SUITE 401 City & State 28 FALLS CHURCH VA Zip 29 22046
--	---

4. FEI Number 54-1059055	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324	
--	--

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	CP <input type="checkbox"/> DELETE
NAME	PIERSON, PATRICK
STREET ADDRESS	6329 APPLGARTH CT
CITY-ST-ZIP	ALEXANDRIA VA 22312
TITLE	S <input type="checkbox"/> DELETE
NAME	HAMILTON, MARGARET E
STREET ADDRESS	6329 APPLGARTH CT
CITY-ST-ZIP	ALEXANDRIA VA 22312
TITLE	V <input type="checkbox"/> DELETE
NAME	WILLIAMS, STEPHEN A
STREET ADDRESS	9005 GOSHEN VALLEY DR
CITY-ST-ZIP	GAITHERSBURG MD 20882
TITLE	V <input type="checkbox"/> DELETE
NAME	MCCURRY, HOLBROOK E
STREET ADDRESS	3400 SHERWOOD CT
CITY-ST-ZIP	FALLS CHURCH VA 22042
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Holbrook E. McCurry** **2/6/97** **703/532-1180**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)