

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000002278 (8)**

1. Corporation Name

PROJECT MANAGEMENT SERVICES, INC.

Principal Place of Business

**4 COURTHOUSE SQUARE, #203
ROCKVILLE MD 20849**

Mailing Address

**P.O. BOX 4113
ROCKVILLE MD 20849**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1995	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number 52-1537932	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	Country	28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	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

**WOLFE, LARRY
200-A JOHN KNOX RD.
TALLAHASSEE FL 32303-6843**

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 time if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

OFFICERS AND DIRECTORS

12.	PTDC	<input type="checkbox"/> DELETE
TITLE	MITTEN, DOUGLAS N	
NAME	4 COURTHOUSE SQUARE	
STREET ADDRESS	ROCKVILLE MD 20850	
CITY-ST-ZIP		
VSDC	<input type="checkbox"/> DELETE	
TITLE	DE FREYRE, RICHARD	
NAME	4 COURTHOUSE SQUARE	
STREET ADDRESS	ROCKVILLE MD 20850	
CITY-ST-ZIP		
CS	<input type="checkbox"/> DELETE	
TITLE	AARON, SUSAN	
NAME	P O BOX 4113	
STREET ADDRESS	ROCKVILLE MD	
CITY-ST-ZIP		
VPM	<input type="checkbox"/> DELETE	
TITLE	KAPLAN, DEBORAH	
NAME	P O BOX 4113 N/A	
STREET ADDRESS	ROCKVILLE MD	
CITY-ST-ZIP		
<input type="checkbox"/> DELETE		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
<input type="checkbox"/> DELETE		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
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 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:

Susan Aaron *2-11-98* *301-340-5527*

CR2E034 (10/97)