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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002900 (7)

1. Corporation Name

THE TECH GROUP, INC.



Principal Place of Business

147 OLD SOLOMONS ISLAND RD., 4TH FLOOR
ANAPOLIS MD 21401

Mailing Address

147 OLD SOLOMONS ISLAND RD., 4TH FLOOR
ANAPOLIS MD 21401

3. Date Incorporated or Qualified

06/15/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 required for principal place of business and mailing address only.

Signature required for new registered agent only.

Date:

12. OFFICERS AND DIRECTORS

TITLE

VD

NAME

TSAMOURAS, DANIEL

STREET ADDRESS

147 OLD SOLOMONS ISLAND ROAD
ANNAPOLIS MD 21401

CITY - ST - ZIP

DELETE

TITLE

P

NAME

DIAISO, ROBERT J

STREET ADDRESS

147 OLD SOLOMONS ISLAND ROAD
ANNAPOLIS MD 21401

CITY - ST - ZIP

DELETE

TITLE

VS

NAME

KOZERO, JEFFREY B

STREET ADDRESS

147 OLD SOLOMONS ISLAND ROAD
ANNAPOLIS MD 21401

CITY - ST - ZIP

DELETE

TITLE

V

NAME

JARVI, REED K

STREET ADDRESS

269 AIRPORT ROAD
NAPLES FL 33942

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Day/State/Phone #

CR2E034 (12/95)