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

Mailing Address 10306 EATON PLACE

FAIRFAX VA 22030-2218

Suite, Apt. #, etc.

2a. Mailing Address

SLITTE 400

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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

Suite, Apt #, etc.

SIGNATURE:

10306 EATON PLACE SUITE 400

FAIRFAX VA 22000

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000002923 (9)

PSI INTERNATIONAL, INC. OF MASSACHUSETTS

Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 607.0506, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and titld if applicable (NOTE: Registered Agent signature required when reinstating) 96/6) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE ĈР 1.1 TITLE Change Addition TITLE PAN, ELIZABETH 1.2 NAME NAME 10306 EATON PLACE, SUITE 400 STREET ADDRESS 1.3 STREET ADDRESS FAIRFAX VA 22030 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THILE MEHTA, PRAKASH 2.2 NAME NAME 10306 EATON PLACE, SUITE 400 2.3 STREET ADDRESS STREET ADDRESS FAIRFAX VA 22030 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST - ZIP DELETE Change ☐ Addition TIFLE 6.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TOTALE 6.1 TITLE 6.2 NAME 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 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.

FILED Feb 04 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

CR2E034

02/14/1996

1/18/967 703-358-8700

3. Date Incorporated or Qualified

06/16/1995

04-2608935

5. Certificate of Status Desired

4. FEI Number

PRAKASH MEHTA VICE PRESIDENT OF FINANCE