FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 21 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 # **F95000003997 (2)**

1. Corporation Name
VINNET, INC.

Principal Place of Business	Mailing Address
900 BESTGATE ROAD. STE. 410 ANNAPOLIS MD 21401	900 BESTGATE ROAD. STE. 410 ANNAPOLIS MD 21401-3066

3. Date Incorporated or Qualified: 08/18/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 52-1868300 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT	☐ DELETE	1.1 TITLE	DIRECTOR ONLY ☑ Change ☐ Addition
NAME	SEYNHAEVE, DENIS		1.2 NAME	DENIS SEYNHAEVE
STREET ADDRESS	220 WARDOUR DR.		1.3 STREET ADDRESS	220 WARDOUR DRIVE.
CITY-ST-ZIP	ANNAAPOLIS MD 21401		1.4 CITY-ST-ZIP	ANNAPOLIS, MD 21401
TITLE	P	☐ DELETE	2.1 TITLE	PRESIDENT AND DIRECTOR ☑ Change ☐ Addition
NAME	PAUL, STANLEY		2.2 NAME	STANLEY PAUL
STREET ADDRESS	5108 FAIRVIEW LANE		2.3 STREET ADDRESS	25 Cathedral Street
CITY-ST-ZIP	BROADRUN VA		2.4 CITY-ST-ZIP	ANNAPOLES, MD 21401
TITLE	AS	☑ DELETE	3.1 TITLE	DIRECTOR ☐ Change ☑ Addition
NAME	SHEPHERD, RICHARD		3.2 NAME	GEORGE SPENCER.
STREET ADDRESS	6123 CAMPFIRE DR.		3.3 STREET ADDRESS	205 N. MICHIGAN AVENUE #808
CITY-ST-ZIP	COLUMBIA MD		3.4 CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	D	☐ DELETE	4.1 TITLE	CHAIRMAN OF BOARD ☑ Change ☐ Addition
NAME	FABER, MICHAEL		4.2 NAME	MICHAEL FABER
STREET ADDRESS	8000 TOWERS CRESCENT DR. #1070		4.3 STREET ADDRESS	8000 Towers Crescent Dr #1070
CITY-ST-ZIP	VIENNA VA		4.4 CITY-ST-ZIP	VIENNA, VA 22182
TITLE	D	☐ DELETE	5.1 TITLE	DIRECTOR ☐ Change ☑ Addition
NAME	RICH, GEORGE		5.2 NAME	DARRELL WILLIAMS
STREET ADDRESS	300 E LOMBARD ST. #610		5.3 STREET ADDRESS	30 SOUTH WACKER DRIVE #37
CITY-ST-ZIP	BALTIMORE MD		5.4 CITY-ST-ZIP	CHICAGO, IL 606606
TITLE	S	☐ DELETE	6.1 TITLE	SECRETARY + TREASURER + DIRECTOR ☑ Change ☐ Addition
NAME	MEYERS, EDWIN		6.2 NAME	EDWIN MEYERS
STREET ADDRESS	PO BOX 3567		6.3 STREET ADDRESS	P.O. BOX 3567
CITY-ST-ZIP	ANNAPOLIS MD		6.4 CITY-ST-ZIP	ANNAPOLIS, MD 21403

CR2E034 (9/96)

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: Edwin Meyers SIGNATURE REQUIRED EDWIN MEYERS 3/4/97 410-224-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0009096