

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

FILED

Mar 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F95000005006 (0)

1. Corporation Name  
RESEARCH PLANNING, INC.

Principal Place of Business

6400 ARLINGTON BLVD., #1100  
FALLS CHURCH VA 22042

Mailing Address

6400 ARLINGTON BLVD., #1100  
FALLS CHURCH VA 22042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1995

4. FEI Number

54-1441003

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

KATZ, DARRELL W  
2910 BAY TO BAY BLVD., #204  
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name Daniel C. Bernard  
82 Street Address (P.O. Box Number is Not Acceptable) 2909 Bay to Bay Blvd #301  
83 City Tampa  
84 State FL  
85 Zip Code 33629

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]*

(NOTE: Registered Agent signature required when reinstating)

1/9/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	CEPO			<input type="checkbox"/>
	REYNALDO, MADURO P	6400 ARLINGTON BLVD., #1100	FALLS CHURCH VA	
	EVP			<input type="checkbox"/>
	LYON, CHARLES H	6400 ARLINGTON BLVD., #1100	FALLS CHURCH VA	
	VP			<input checked="" type="checkbox"/>
	CUNE, THOMAS D	6400 ARLINGTON BLVD., #1100	FALLS CHURCH VA 22042	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 my address.

SIGNATURE: *[Signature]*

2/9/98 (703) 237-8061

CR2E034 (10/97)