

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005249 (6)

1. Corporation Name

THE CENTECH GROUP, INC.



Principal Place of Business

4200 WILSON BLVD., SUITE 700
ARLINGTON VA 22203

Mailing Address

4200 WILSON BLVD., SUITE 700
ARLINGTON VA 22203

3. Date Incorporated or Qualified
10/26/1995

3a. Date of Last Report

4. FEI Number

54-1468652

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JOHNSON, M J ADMIRAL
7119 UNIVERSITY BLVD.
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name

T. Robert Christ

82 Street Address (P.O. Box Number is Not Acceptable)

7119 University Blvd.

83

84 City

Winter Park

FL

85 Zip Code

32792

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 607.0503, Florida Statutes.

SIGNATURE

Controller

4/29/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GALAVIZ, FERNANDO V	
STREET ADDRESS	4200 WILSON BLVD., SUITE 700	
CITY-ST-ZIP	ARLINGTON VA 22203	
TITLE	D	☐ DELETE
NAME	WHEELER, JOHN R	
STREET ADDRESS	4200 WILSON BLVD., SUITE 700	
CITY-ST-ZIP	ARLINGTON VA 22203	
TITLE	C	☐ DELETE
NAME	CHRIST, T. R	
STREET ADDRESS	4200 WILSON BLVD., SUITE 700	
CITY-ST-ZIP	ARLINGTON VA 22203	
TITLE	D	☐ DELETE
NAME	GALAVIZ, LINDA	
STREET ADDRESS	4200 WILSON BLVD., SUITE 700	
CITY-ST-ZIP	ARLINGTON VA 22203	
TITLE	D	☐ DELETE
NAME	GALAVIZ, ANDRES	
STREET ADDRESS	4200 WILSON BLVD., SUITE 700	
CITY-ST-ZIP	ARLINGTON VA 22203	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

600001817796
-05/13/96--01018--006
***200.00

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)(a), 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

JOHN R. WHEELER
Director Of Contracts

4/29/96

703-812-5375

CR2E034 (12/95)