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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 19 1998 8:00am Secretary of State

	1990	- Invision of						
DOCUMENT # F9600000118 (7) COMSAT RSI MARYLAND, INC.								
					A LANGRAD CHA ARLIN BULLI ARCHA DRAIL ANGLA ANGLA AN			
Principal Place		Mailing Addross					10111111111	
1501 MORAN RD STERLING VA 20166		1501 MORAN RD Sterling va 20166						
SIENLING YA	a zyroo	STERLING VA ZUIDO			DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified]
					01/05/1996			
_	lace of Business	2a. Mailing Address			4. FEI Number	1-1-	oplied For	4
Suite Apt.	# etc	Suite, Apt. #, etc.			54-1735189	\$8.75	t Applicable	-
22		27			5. Certificate of Status Desired	Fee Re		
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be	1
23		28	·		Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the cu			
24	9. Name and Address of Curren	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registered] No	-
70.0				81 Name	to. Name and Address of New Registered	Agent		1
	e Prentice-Hall Corporatio 31 Hays Street	JN STSTEM, INC.	ļ					1
	ITE 105			82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	LLAHASSEE FL 32301		ľ	83				1
., ,,			ŀ	84 City		85 Zip	Code	-
			}		F <u>l</u>	.		
11. Pursuant to	to the provisions of Sections 607.050 edistered agont, or both, in the State	2 and 607.1508, Florida Statu of Florida, Such channe was	tes, the ab	ove-named con	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap	of changing it pointment as	s registered registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fi	orida Stati	ules.			. og/ora/oo	
SIGNATURE	Signature, typed or project name of recodured age	All more and a substantial state of the stat	Li - Popistoroi	Accept cignature reco	uired when reinstating) DATE			1
12.	OFFICERS AND		13.	Agon signature requ	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	IS IN 12	16
TITLE	PD	DELETE	1.1 T(T	LE		Change	Addition	19
NAME	THOMAS, RAYMOND D		1.2 NA	MÉ				2
STREET ADDRESS	22300 COMSAT DR		1.3 ST	reet address				إرا
CITY-ST-ZIP	CLARKSBURG MD	T Tables		Y-ST-ZIP				<u>ۇ</u> ل
TITLE	V WEDER NAMOV E	∟∫ DELETE	21717			☐ Change	Addition	1
NAME OROSET ABBORRA	WEBER, NANCY E 6560 ROCK SPRINGS DR		22 NA					
STREET ADDRESS	BETHESDA MD 20817			REET ADDRESS ITY-ST-ZIP				١
CITY-ST-ZIP TITLE	SD SD	DELETE	3.1 TII			Change	Addition	1
NAME	SIEGEL, HAROLD ARYAI	•	3.2 NA	ME		·		
STREET ADDRESS	1501 MORAN RD		3.3 ST	REE1 ADORESS				
CITY-S1-ZIP	STERLING VA		3.4. CI	TY - ST - ZIPL				1
TITLE	VTD	DELETE	4.1 111			Change	Addition	
NAME	HOLMAN, MARJORIE		4. 2 N/					
STREET ADDRESS	1501 MORAN ROAD			REET ADDRESS				
CITY-ST-ZIP	STERLING VA	DELETE	_	Y-ST-71P		☐ Change	Addition	$\left\{ \right.$
TITLE NAME		רו אנונונ	5.1 TIT 5.2 NA			onlings	- Audition	
STREET ADDRESS				REE1 ADDRESS				
CITY-ST-ZIP			- E	1Y - S1 - 7(P				
TITLE		DELETE	61 TIT			Change	Addition	1
NAME			62 NA	ME				
STREET ADDRESS			63 ST	REET ADDRESS			t	
CITY-ST-ZIP				IY-SI-ZIP				
14. I hereby c	e rtify that the information supplied w	ith this filmo does not qualify f	or the exe	mption stated in	n Section 119.07(3)(i). Florida Statutes, I further o	ertify that the	information	1

14. Thereby 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 afgurate 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 a officer or as recofred 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.

CICNATUDE

Harold A

i Siegel.

ry 4/30/98

(703) 450-5680