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**Jan 28 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 # F96000001207 (7)

1. Corporation Name
SYCOM CORPORATION



Principal Place of Business Mailing Address
**1010 WISCONSIN AVE NW
SUITE 340
WASHINGTON DC 20007**

3. Date Incorporated or Qualified **03/08/1996** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **52-1476828** Applied For Not Applicable

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

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

24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SUTCUFFE, S. LYNN	
STREET ADDRESS	109L CORPORATE BLVD	
CITY-ST-ZIP	S. PLAINFIELD NJ 07080	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OPEL, MARK F	
STREET ADDRESS	109L CORPORATE BLVD	
CITY-ST-ZIP	S. PLAINFIELD NJ 07080	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PASQUINI, JUDITH C	
STREET ADDRESS	109L CORPORATE BLVD	
CITY-ST-ZIP	S. PLAINFIELD NJ 07080	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WRIGHT, RICHARD L	
STREET ADDRESS	109L CORPORATE BLVD	
CITY-ST-ZIP	S. PLAINFIELD NJ 07080	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTCUFFE, CATHERINE H	
STREET ADDRESS	2909 RITTENHOUSE ST	
CITY-ST-ZIP	WASHINGTON DC 20015	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1010 Wisconsin Ave. NW, Suite 340
3.4 CITY-ST-ZIP	Washington, DC 20007
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Judith Pasquini Corp. Secy.* 1/31/97 (202) 625-1030
JUDITH C. PASQUINI, Corp. Secy Date Daytime Phone #

CR2E034 (9/96)