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

PROFIT Apr 07 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F9600001207 (7) SYCOM CORPORATION Principal Place of Business Mailing Address 1010 WISCONSIN AVE NW 1010 WISCONSIN AVE NW SHITE 340 SUITE 340 WASHINGTON DC 20007 WASHINGTON DC 20007 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 52-1476828 21 26 Not Applicable Suite, Apt #, etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State Cily & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes ☐ No 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08, 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 607.05:05, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agreet and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PΩ TITLE DELETE 1.1 TITLE Change Addition SUTCLIFFE, S. LYNN NAME 1.2 NAME 109L CORPORATE BLVD 27 Worlds Fair Dr. STREET ADDRESS 1.3 STREET ADDRESS S. PLAINFIELD NJ 07080 CITY-ST-ZIP 1.4 CITY-ST-ZIP <u>Somerset, NJ 08873</u> DELETE Change Addition TITLE 21 TITLE OPEL, MARK F NAME 22 NAME 109L CORPORATE BLVD 27 Worlds Fair Dr. 23 STREET ADDRESS STREET ADDRESS S. PLAINFIELD NJ 07080 2.4 CITY-ST-ZIP Somerset, NJ 08873 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE PASQUINI, JUDITH C NAME 3.2 NAME 1010 WISCONSIN AVE., NW, STE 340 STREET ADDRESS 3.3 STREET ADDRESS WASHINGTON DC CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE WRIGHT, RICHARD L NAME 4. 2 NAME 109L CORPORATE BLVD 27 Worlds Fair Dr. 4.3 STREET ADDRESS STREET ADDRESS S. PLAINFIELD NJ 07080 Somerset, NJ 08873 4.4 CITY - ST - ZIP CITY-ST-ZIP DELFTE Addition TITLE 5.1 TITLE Change SUTCLIFFE, CATHERINE H NAME 5.2 NAME 2909 RITTENHOUSE ST STREET ADDRESS 5.3 STREET ADDRESS WASHINGTON DC 20015 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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 on an attachment with appendices. SIGNATURE:

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3/30/98

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