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Secretary of State

03-01-1999 90216 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001207

1. Corporation Name
SYCOM CORPORATION



Principal Place of Business 1010 WISCONSIN AVE NW SUITE 340 WASHINGTON DC 20007	Mailing Address 1010 WISCONSIN AVE NW SUITE 340 WASHINGTON DC 20007
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 27 Worlds Fair Drive Suite, Apt. #, etc. 22 City & State 23 Somerset, NJ Zip Country 24 08873 25 USA	2a. Mailing Address 26 27 Worlds Fair Drive Suite, Apt. #, etc. 27 City & State 28 Somerset, NJ Zip Country 29 08873 30 USA
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3. Date Incorporated or Qualified 03/08/1996	Applied For Not Applicable
4. FEI Number 52-1476828	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	PD SUTCLIFFE, S. LYNN 27 WORLDS FAIR DR SOMERSET NJ 08873 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Roger C. Dower 1010 Wisconsin Ave., NW, Suite 340 Washington, DC 20007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OPEL, MARK F 27 WORLDS FAIR DR SOMERSET NJ 08873 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Judith B. Berman 27 Worlds Fair Drive Somerset, NJ 08873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASQUINI, JUDITH C 1010 WISCONSIN AVE., NW, STE 340 WASHINGTON DC <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, RICHARD L 27 WORLDS FAIR DR SOMERSET NJ 08873 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE: Judith Pasquini **REQUIRED** 2/5/99 (202)625-4113
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)