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**Mar 01, 1999 8:00 am**  
**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

**DOCUMENT # F96000001207**

1. Corporation Name

**SYCOM CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1010 WISCONSIN AVE NW  
SUITE 340  
WASHINGTON DC 20007

Mailing Address

1010 WISCONSIN AVE NW  
SUITE 340  
WASHINGTON DC 20007

2. Principal Place of Business

21 27 Worlds Fair Drive  
Suite, Apt. #, etc.

2a. Mailing Address

26 27 Worlds Fair Drive  
Suite, Apt. #, etc.

City & State

23 Somerset, NJ

City & State

28 Somerset, NJ

Zip Country

24 08873 25 USA

Zip Country

29 08873 30 USA

3. Date Incorporated or Qualified

03/08/1996

4. FEI Number

52-1476828

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SUTCLIFFE, S. LYNN  
STREET ADDRESS 27 WORLDS FAIR DR  
CITY-ST-ZIP SOMERSET NJ 08873

☐ DELETE

TITLE VD  
NAME OPEL, MARK F  
STREET ADDRESS 27 WORLDS FAIR DR  
CITY-ST-ZIP SOMERSET NJ 08873

☒ DELETE

TITLE S  
NAME PASQUINI, JUDITH C  
STREET ADDRESS 1010 WISCONSIN AVE., NW, STE 340  
CITY-ST-ZIP WASHINGTON DC

☐ DELETE

TITLE TD  
NAME WRIGHT, RICHARD L  
STREET ADDRESS 27 WORLDS FAIR DR  
CITY-ST-ZIP SOMERSET NJ 08873

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President  
1.2 NAME Roger C. Dower  
1.3 STREET ADDRESS 1010 Wisconsin Ave., NW, Suite 340  
1.4 CITY-ST-ZIP Washington, DC 20007

☐ Change

☒ Addition

2.1 TITLE Asst. Secretary  
2.2 NAME Judith B. Berman  
2.3 STREET ADDRESS 27 Worlds Fair Drive  
2.4 CITY-ST-ZIP Somerset, NJ 08873

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ 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 C Pasquini  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99

Date

(202) 625-4113

Daytime Phone #

CR2E034 (11/98)