

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

FILED

**Apr 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002579 (8)

1. Corporation Name
PHOTOGRAMMETRIC DATA SERVICES, INC.



Principal Place of Business 22611 MARKEY CT #114 STERLING VA 20155	Mailing Address 22611 MARKEY CT #114 STERLING VA 20166-8903
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3. Date Incorporated or Qualified 05/20/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
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4. FEI Number 54-1321826	Applied For Not Applicable
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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22. City & State	27. City & State
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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23. Zip	28. Zip
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

24. Country	29. Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, CHARLES E
327 RIDGEWOOD AVE
HOLLY HILL FL 32117**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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	DGP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RICHARD J	
STREET ADDRESS	1371 ROCK CHAPEL RD	
CITY - ST - ZIP	HERNDON VA 22070	
TITLE	DCVS	<input type="checkbox"/> DELETE
NAME	SMITH, CHARLES E	
STREET ADDRESS	2631 FOX MILL RD	
CITY - ST - ZIP	HERNDON VA 22071	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, S KEN	
STREET ADDRESS	100 AROMORE ST	
CITY - ST - ZIP	BLACKSBURY VA 24060	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUMSDEN, BUFORD T	
STREET ADDRESS	3423 FARMINGTON CR	
CITY - ST - ZIP	ROANOKE VA 24018	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELIJAH, JOHN M	
STREET ADDRESS	13628 ORCHARD DR	
CITY - ST - ZIP	CLIFTON VA 22024	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLTON, JAMES W	
STREET ADDRESS	BOX 228 COURTHOUSE RD	
CITY - ST - ZIP	CURRITUCK NC 27929	

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	
3.4 CITY - ST - ZIP	
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: *Richard J. Williams* **RICHARD J. WILLIAMS** 4-7-97 703-444-9751
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)