


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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 20166	Mailing Address 22611 MARKEY CT #114 STERLING VA 20166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 54-1321826	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	D
NAME	WILLIAMS, RICHARD J	1.2 NAME	TAYLOR, ANDY
STREET ADDRESS	1371 ROCK CHAPEL RD	1.3 STREET ADDRESS	509 RICHARD STREET, 3RD FL.
CITY-ST-ZIP	HERNDON VA 22070	1.4 CITY-ST-ZIP	VANCOUVER, BRITISH COLUMBIA, CANADA V6B2Z6
TITLE	DCVS	2.1 TITLE	
NAME	SMITH, CHARLES E	2.2 NAME	
STREET ADDRESS	2631 FOX MILL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA 22071	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ANDERSON, S KEN	3.2 NAME	
STREET ADDRESS	100 AROMORE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLACKSBURY VA 24060	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LUMSDEN, BUFORD T	4.2 NAME	
STREET ADDRESS	3423 FARMINGTON CR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROANOKE VA 24018	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ELKIN, JOHN M	5.2 NAME	
STREET ADDRESS	13628 ORCHARD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON VA 22024	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HOLTON, JAMES W	6.2 NAME	
STREET ADDRESS	BOX 228 COURTHOUSE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CURRITUCK NC 27929	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

[Signature]

4-20-98

703-444-9751

CR2E034 (10/97)