

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90046 040 ***150.00

DOCUMENT # F96000002579

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1996

4. FEI Number

54-1321826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SMITH, CHARLES E
327 RIDGEWOOD AVE
HOLLY HILL FL 32117

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME TAYLOR, ANDY
STREET ADDRESS 509 RICHARD ST 3RD FL
CITY-ST-ZIP VANCOUVER BR V6B2Z

TITLE DCVS ☐ DELETE

NAME SMITH, CHARLES E
STREET ADDRESS 2631 FOX MILL RD
CITY-ST-ZIP HERNDON VA 22071

TITLE D ☐ DELETE

NAME ANDERSON, S KEN
STREET ADDRESS 100 AROMORE ST
CITY-ST-ZIP BLACKSBURY VA 24060

TITLE D ☐ DELETE

NAME LUMSDEN, BUFORD T
STREET ADDRESS 3423 FARMINGTON CR
CITY-ST-ZIP ROANOKE VA 24018

TITLE D ☐ DELETE

NAME ELKIN, JOHN M
STREET ADDRESS 13628 ORCHARD DR
CITY-ST-ZIP CLIFTON VA 22024

TITLE D ☐ DELETE

NAME HOLTON, JAMES W
STREET ADDRESS BOX 228 COURTHOUSE RD
CITY-ST-ZIP CURRITUCK NC 27929

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition

1.2 NAME RICHARD J. WILLIAMS
1.3 STREET ADDRESS 1371 ROCK CHAPEL ROAD
1.4 CITY-ST-ZIP HERNDON, VA 20170

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

Date

703-444-9751

Daytime Phone #

CR2E034 (11/98)