


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

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90018 040 ***550.00

0546303

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

DOCUMENT # F96000002755 ✓

1. Corporation Name

TECHNICAL AND MANAGEMENT ASSISTANCE, INC.



Principal Place of Business 1416 N. MAIN ST. PLEASANTVILLE NJ 08232	Mailing Address 1416 N. MAIN ST. PLEASANTVILLE NJ 08232
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

06/03/1996

4. FEI Number

22-2717278

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

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	CEO	<input type="checkbox"/> DELETE
NAME	BELFORD, PETER C	
STREET ADDRESS	1416 N. MAIN ST.	
CITY-ST-ZIP	PLEASANTVILLE NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HEADLEY, MICHAEL K	
STREET ADDRESS	1416 N. MAIN ST.	
CITY-ST-ZIP	PLEASANTVILLE NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DEAN, JAMES M	
STREET ADDRESS	4800 HAMPDEN LN, SUITE 1200	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FRISBIE, FRANK L	
STREET ADDRESS	1416 N. MAIN ST.	
CITY-ST-ZIP	PLEASANTVILLE NJ	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHWEGLER, JAMES	
STREET ADDRESS	1416 N. MAIN ST.	
CITY-ST-ZIP	PLEASANTVILLE NJ 08232	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STERLING, PHILIPS	
STREET ADDRESS	1416 N. MAIN ST.	
CITY-ST-ZIP	PLEASANTVILLE NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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

Date

Daytime Phone #

CR2E034 (11/98)

6-23-99

301 961 0625