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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600004497 (1)

TECHKNOWLEDGE CORPORATION

Principal Place of Business 10420 LITTLE PATUXENT PARKWAY. FIFTH FLOOR Mailing Address

COLUMBIA MD 21044

10420 LITTLE PATUXENT PARKWAY, FIFTH FLOOR **COLUMBIA MD 21044-3559**

FILED May 15 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 09/03/1996	3a. Date of N/A	Last Report
	lace of Business	26 Some 6		. 4	4. FEI Number 52-1966448		Applied For
Suite, Apt.		26 34me 6 Suite, Apt. #, etc.	a au	we_	32-1900440	<u> </u>	Not Applicable
22	· · · · · · · · · · · · · · · · · · ·	27			5. Certificate of Status Desired	7	B.75 Additional Fee Required
City & State	e '´	City & State			Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees
Zip	Country	Zip	Coun	ilry	8. This corporation has fiability for	intangible tax	ander s. 199.032,
24	25	29	30			Yes Mo	
001	9, Name and Address of Currer RPORATION SERVICE COMPAN			B1 Name	10. Name and Address of New Re	gistered Agen	<u></u>
		T	۱'	B1 Name			
	1 HAYS STREET LAHASSEE FL 32301-2525		Ī	82 Street Address (P.O. Box Number is Not Acceptable)			
IAL	TALMOSEE LE SESO LESSES		1	83			
			į	B4 City		 , 85	Zip Code
44.5	10 000 000					FL.	<u> </u>
office or r agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida St of Florida Such charige w lations of, Section 607.0505	atutes, the abi vas authorized i, Florida Statu	ove-named o by the corp ites.	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of char pt the appointm	nging its registered nent as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title diapplicable	INO1E Booistered	Anoni signature r	equired when reinstating)	DAM	
12.		ID DIRECTORS	13.	, igam organismo	ADDITIONS/CHANGES TO OFFI		ECTORS IN 12
TITLE	PD	DELETE	1.1 1014	į T			Change Addition
NAME	CLEGG, ELMER I	-	1.2 NAN				
STREET ADDRESS	10420 LITTLE PATUXENT PARKWAY, FIFTH FLOOR						
	COLUMBIA MD 21044			EET ADDRESS			
CITY-ST-ZIP	TS	DELETE		Y-ST-ZIP			
TITLE	TURNER, JAMES A	☐ DELETE	2.1 1116				Change [_] Addition
NAME		NAMAN EIETU EI OOD	2.2 NAM	AF .			
STREET ADDRESS	10420 LITTLE PATUXENT PAF	INWAT, FIFTH FLOOR	2.3 STR	EET ADDRESS			
CITY-ST-ZIP	COLUMBIA MD 21044		2. 4 CIT	Y - ST - 71P			
TITLE	TD	☐ DELETE	3.1 1ITL	.F		<u> </u>	Change 🔲 Addition
NAME	FOSTER, JAMES		3.2 NAM	AE	JAMES H. FOSTER J.	R.	
STREET ADDRESS	10420 LITTLE PATUXENT PAF	rkway, fifth floor	3.3 STR	ELT ADDRESS	. , ,	•	
CITY-ST-ZIP	COLUMBIA MD 21044		3.4 CH	Y-\$1-7IP			
TITLE	D	DELETE	4.1 10h			\Box	Change Addition
NAME	PURNELL, GEORGE		4. 2 NAI				, <u> </u>
STREET ADDRESS	10420 LITTLE PATUXENT PAF	RKWAY, FIFTH FLOOR		EET ADDRESS			
1	COLUMBIA MD 21044						
CITY-ST-ZIP TITLE	D	DELETE	4.4 CITY 5.1 TITE	Y-ST-ZIP			Change Addition
ļ	BATTEN, JOHNNY	L VELETE				LJ	Anange E. Adeition
NAME	10420 LITTLE PATUXENT PAF	DKWAY EIETH EI AAD	5.2 NAN				
STREET ADDRESS	COLUMBIA MD 21044	WHALL IN IN LEON		FET ADDRESS	യ ഇവരെ അവ്യക്ത് വിവര് വാര് വ	•n + n m• +	•
CITY-ST-ZIP	OULUMBIA MD 21044			Y-S1-ZIP			
TITLE		☐ DELETE	6.1 TITE				Change L Addition
NAMÉ			6.2 NAM	AE.			
STREET ADDRESS			6.3 STR	EE1 ADDRESS			
CITY-ST-ZIP				Y-\$1-71P			
14. I do heret	by certify that the information supplie	d with this filing does not a	jualify for the c	exemption sta	ated in Section 119.07(3)(i), Florida Statute	es. I further cert	ify 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 eath; 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.

H/29/07 (WID) 884-5218