

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

FILED
May 18 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 # **F96000004497 (1)**
1. Corporation Name
TECHKNOWLEDGE CORPORATION



Principal Place of Business 10420 LITTLE PATUXENT PARKWAY, FIFTH FLOOR COLUMBIA MD 21044	Mailing Address 10420 LITTLE PATUXENT PARKWAY, FIFTH FLOOR COLUMBIA MD 21044
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10420 LITTLE PATUXENT PARKWAY Suite, Apt. #, etc. 22 SUITE 501 City & State 23 COLUMBIA, MD Zip 24 21044 Country 25 HAWAII		2a. Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 09/03/1996
		4. FEI Number 52-1966448		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code	
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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 filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEGG, ELMER I	1.2 NAME	
STREET ADDRESS	10420 LITTLE PATUXENT PARKWAY, FIFTH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	1.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JAMES A	2.2 NAME	
STREET ADDRESS	10420 LITTLE PATUXENT PARKWAY, FIFTH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, JAMES H JR	3.2 NAME	
STREET ADDRESS	10420 LITTLE PATUXENT PARKWAY, FIFTH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURNELL, GEORGE	4.2 NAME	
STREET ADDRESS	10420 LITTLE PATUXENT PARKWAY, FIFTH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTEN, JOHNNY	5.2 NAME	
STREET ADDRESS	10420 LITTLE PATUXENT PARKWAY, FIFTH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* *[Signature]* *[Signature]*

CR2E034 (10/97)