

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

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Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000004714 (9)

1. Corporation Name  
OAKSTONE, INC.

Principal Place of Business  
2980 FAIRVIEW PARK DR #1300  
FALLS CHURCH VA 22042-4525

Mailing Address  
2980 FAIRVIEW PARK DR #1300  
FALLS CHURCH VA 22042-4525



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/13/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 54-1760725		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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			
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	FAIRBANK, RICHARD D	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				1.2 NAME			
STREET ADDRESS		2980 FAIRVIEW PARK DR #1300		1.3 STREET ADDRESS			
CITY-ST-ZIP		FALLS CHURCH VA 22042-4525		1.4 CITY-ST-ZIP			
TITLE	D	MORRIS, NIGEL W	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME			
STREET ADDRESS		2980 FAIRVIEW PARK DR #1300		2.3 STREET ADDRESS			
CITY-ST-ZIP		FALLS CHURCH VA 22042-4525		2.4 CITY-ST-ZIP			
TITLE	P	COHEN, NEIL ANDREW	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS		2650 PARK TOWER DR #300		3.3 STREET ADDRESS			
CITY-ST-ZIP		VIENNA VA 22180		3.4 CITY-ST-ZIP			
TITLE	V	TYLER, DAVID M JR	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS		2650 PARK TOWER DR #300		4.3 STREET ADDRESS			
CITY-ST-ZIP		VIENNA VA 22180		4.4 CITY-ST-ZIP			
TITLE	S	FINNERAN, JOHN G JR	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS		2980 FAIRVIEW PARK DR #1300		5.3 STREET ADDRESS			
CITY-ST-ZIP		FALLS CHURCH VA 22042-4525		5.4 CITY-ST-ZIP			
TITLE	T	WILLEY, DAVID M	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS		2980 FAIRVIEW PARK DR #1300		6.3 STREET ADDRESS			
CITY-ST-ZIP		FALLS CHURCH VA 22042-4525		6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ Date: 1-17-97 Daytime Phone #: (703) 288-2629

CR2E034 (9/96)