

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006137 (1)

1. Corporation Name  
AMERICAN OPERATIONS CORPORATION



Principal Place of Business 1420 SPRING HILL ROAD, STE 300 MCLEAN VA 22102	Mailing Address 1420 SPRING HILL ROAD, STE 300 MCLEAN VA 22102
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 54-1589253		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 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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			
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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, JAMES K	1.2 NAME	
STREET ADDRESS	1420 SPRING HILL RD., STE 300	1.3 STREET ADDRESS	MCLEAN, VA 22102
CITY-ST-ZIP	MCLEAN VA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOY, CAMES A	2.2 NAME	FOY, C. ALLAN
STREET ADDRESS	1420 SPRING HILL RD., STE 300	2.3 STREET ADDRESS	MCLEAN, VA 22102
CITY-ST-ZIP	MCLEAN VA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEESEY, EDWIN P	3.2 NAME	
STREET ADDRESS	1420 SPRING HILL RD., STE 300	3.3 STREET ADDRESS	MCLEAN, VA 22102
CITY-ST-ZIP	MCLEAN VA	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELD, GINA L	4.2 NAME	
STREET ADDRESS	1420 SPRING HILL RD., STE 300	4.3 STREET ADDRESS	MCLEAN, VA 22102
CITY-ST-ZIP	MCLEAN VA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRIGAN, KEVIN M	5.2 NAME	
STREET ADDRESS	1420 SPRING HILL RD., STE 300	5.3 STREET ADDRESS	MCLEAN, VA 22102
CITY-ST-ZIP	MCLEAN VA	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELD, L F	6.2 NAME	
STREET ADDRESS	1420 SPRING HILL RD., STE 300	6.3 STREET ADDRESS	MCLEAN, VA 22102
CITY-ST-ZIP	MCLEAN VA	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)(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]*

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1703734-2766

CR2E034 (4/97)

**AMERICAN OPERATIONS CORPORATION'S  
LIST OF OFFICERS (CONTINUED)**

**Additions**

**V**

**Lawrence W. Lavelly  
1420 Spring Hill Rd #300  
McLean, VA 22102**

**V**

**Gregory A. Dalke  
44425 Airport Road #250  
Hollywood, MD 20619**

**V**

**Clemon G. Courtney  
6620 S. Point Dr #130  
Jacksonville, FL 32216**