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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700000241 (6)

FILED Feb 06 1998 8:00am Secretary of State

1. Corporatio					
U.S. IN	NSPECT, INC.				
				I OGBARD INIB IBRA PODA BORA BRAIN BRAIN BRAIN BRAIN	(
) 31 /16 16/1 118 118 16/1
Principal Place of Business Mailing Address					46.14 (16.1 8184) (14.149)
SUITE 250. NORTH TOWER SUITE 250. NORTH TOW 3975 FAIR RIDGE DRIVE 3975 FAIR RIDGE DRIVE FAIRFAX VA 22033 FAIRFAX VA 22033			ER		
				DO NOT WRITE IN THIS	SPACE
Towns and		I GILLIAN AN STONA		3. Date Incorporated or Qualified	
				01/15/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		APPLIED FOR 54-18303	Not Applicable
Sulte, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zin	Country	7in	Country	Trust Fund Contribution	Added to Fees
Zip 24	25	Zip	<u></u>	 This corporation owes or has paid the cu Personal Property Tax due June 30. 	rrent year Intangible Yes X No
£4	9. Name and Address of Curren	29 Registered Agent	30	10. Name and Address of New Registered	
ĊT	ONE, NATHANIEL		81 Name		w - 111
8410 SW 143RD STREET			00-14:	/D.O. Day Mushavia Nat Assault	
MIAMI FL 33158			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
17114	Ami 1 C 00 100		83	-	
					1-1
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	
office or I	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a ations of Section 607 0505. Flo	authorized by the corpora orida Statutes	tion's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	The state of the conference of		The Claration		
SIGNATURE	Signature, typed or printed name of registered agree	nt and title if approable (NOT	F Registered Agent signature requi	ired when reinstating) DATE	
12.	OF LICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS ANI	
TITLE	CCEO	☐ DITTE	1.1 1ITLE		☐ Change ☐ Addition
NAME	FIMIAN, KEITH S	MARRIE TAILIES	1.2 NAME		
STREET ADDRESS	3975 FAIR RIDGE DR., #250	NOKIH TOWER	1.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX VA 22033		1.4 CHTY - ST - ZIP		
TITLE	PVC	L. DELETE	2.1 TITLE		Change Addition
NAME	FIMIAN, BRIAN P	NORTH TOWER	2.2 NAME		
STREET ADDRESS	9975 FAIR RIDGE DR., #250	NOKIH TOWEK	2.3 STREET ADDRESS	A. S.	
CITY-ST-ZIP	FAIRFAX VA 22033	DELETE	2.4 CITY - ST - ZIP		Change Addition
TALE	EMMAN CTECHEN I		31 THILE		Change Addition
NAME OFFICE ADDRESS	FIMIAN, STEPHEN J 3975 FAIR RIDGE DR., #250	NUDTH TUNED	3 2 NAME		
STREET ADDRESS	FAIRFAX VA 22033	HONIN FOREN	3 3 STREET ADDRESS		
CITY+ST-ZIP TITLE	D 22000	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME	DELAHANTY, JAY	[_] btrrte	4. 2 NAME		Driange recentor
STREET ADDRESS	481 HAMMOND STREET		4.2 NAME		i
	CHESTNUT HILL MA 02167		4.4 City-St-Zip		
CITY-ST-ZIP TITLE	V	DELETE	5.1 THE		Change Addition
NAME	HOLLAND, FREDRICK C		5.2 NAME		
STREET ADDRESS	3975 FAIR RIDGE DR, #250 I	NORTH TOWER	5.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX VA 22033	ITALITI TOTILIT	5.4 CITY-ST-ZIP		
TITLE	1,1111701171 25000	DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STRFET ADDRESS		
CITY-ST-ZIP			6 4 CHY- S1- 7IP		
SA I barabu s	and the state of t	ni isla citta al lin ali allalia d		Section 119.07(2)(i) Florida Statutos I (urthor or	wife that the information

r newsy commy man the information supplied with this iming does not quarry for the exemption stated in section 1 19.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental arrival 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.

Diar dook

1/20/08