SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700002003 (8)

SERVICE MANAGEMENT USA, INC.

FILED
Jul 16 1998 8:00am
Secretary of State

02							
Principal Place of Business Mailing Address						[{###!### # !## !###! ###! ###!# ##!#! ##	ana manti maram ilant manti Kalam alas 1900)
10520 B WARW FAIRFAX VA 33	/ICK ave nue. Suite 6 030-3100	10520 B WARWICK AVENUE, SUITE 6 FAIRFAX VA 33030-3100					
						DO NOT WRITE I	N THIS SPACE
						3. Date Incorporated or Qualified 04/17/1997	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For
21 102 Terminal Duive 26 Sque			<u> </u>			54-1732370	Not Applicable
Suite, Apt.	The second secon	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00 May Be
23 Ster	ling, VA	28				Trust Fund Contribution	Added to Fees
Zip 24 2-010	Country 25 USA	Zip 29	Country 30			This corporation owes or has paid Personal Property Tax due June 3	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regi	stered Age nt
C T CORPORATION SYSTEM 81					ame		
1200 SOUTH PINE ISLAND ROAD				82 St	reet Addres	Address (P.O. Box Number is Not Acceptable)	
PLAI	NTATION FL 33324			B3			
			84 Ci	ity		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 Signalum, typed or printed name of registered agent and title it applicable. (NOTE: R					slonature require	d when reinstating)	DATE
12.	OFFICERS AND		13.	70 7 Q 0.11	o gricio i o i o i o i	ADDITIONS/CHANGES TO OFFICE	
TITLE	PCST DELETE 1.5T 1.2N 1.2N		1.1 TITI	.E			Change Addition
NAME			1.2 NAME				*
STREET ADDRESS 10520 B WARWICK AVENUE, S		JITE 6	1.3 STR	1.3 STREET ADDRESS		00 Willow Glan ?	duive
CITY-ST-ZIP	FAIRFAX VA 33030-3100		1.4 CITY-ST-ZIP		$-\mid \mathcal{H}_{i}$	erndon NA 220	71
TITLE	DELETE 2.1T		2.1 TIT	E	V7	- CPO	Change Addition
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STREET ADDRESS			2.3 STREET ADDRESS 2		RESS 2	673 Muldy Harbon	ر کی در ا
CITY-ST-ZIP			2.4 City-ST-ZIP		5+	enline, VA 20165	
TITLE	DELETE 3.1 To		3.1 7/17	E		7	Change Addition
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NAME			4.2 NA				
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NAME		DELETE	6.2 NAM		}		Change Addition
STREET ADDRESS	£						
·				ET ADDR	E99		
VICTORET			0.4 (11)	ST-ZIP	, l.,		

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.

CR2E034 (5/9)