CR2E034 (5/99)

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # F970000020921

VISTA TECHNOLOGY SERVICES, INC.

Mailing Address

18 JONES BRANCH DR., STE 940 HEAN VA -22102 3307 --

2195 Fox Mill Rd.

ncipal Place of Business

Principal Place of Business

Suite, Apt. #, etc.

City & State

20171

Zip

Herndon,

.200 loa

Suite, Apt. #, etc.

-City. &: State --

20171

Zip

29

200

Herndon,

7918 JONES BRANCH DR., STE 340 MCLEAN VA 22102-3307

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90064 041 ***150.00 09-08-1999 90007 025 ***550.00



04/02/9990044041 \$ 150 3. Date Incorporated or Qualified 04/21/1997 2a. Mailing Address
2195 Fox Mill Rd. 4. FEI Number Applied For 54-18327<u>34</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be -Virginia Trust Fund Contribution Added to Fees This cornoration owes the current year Yes Intangible Personal Property. 10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

25

Virginia

Country

USA

9. Name and Address of Current Registered Agent

	اتا						
	84	City			Ei	85	Zip Code
	i					١١	
ah	~ve_	named comors	ation submits this st	atement for the pure	ose of char	naina	its registered

Street Address (P.O. Box Number is Not Acceptable)

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.

Country

USA

81 Name

82

SNATURE .					- instation			DATE			-
	Signature, typed or printed name of registered agent and title if appli OFFICERS AND DIRECTO	Registered Agent signatu	gent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
. 	PSTD PSTD	DELETE	1.1 TITLE						Chang		Addition
	DUGGAN, JAMES H		1.2 NAME					TT	`	17-	
ET ADDRESS	7918 JONES BRANCH DR., STE 340		1.3 STREET ADDRESS	2195	Fox	Mill	Ra,	негп	aon,	٧a	
ST-ZIP	MCLEAN VA		1.4 CITY-ST-ZIP								
31-217	ASD	DELETE	2.1 TITLE					-	Chang	je 🔲 A	Addition
	CANFIELD, PHILIP		2.2 NAME		_			TT - 10		\.	
ET ADDRESS	7918 JONES BRANCH DR CTE 340		2.3 STREET ADDRESS	2195	Fox	WILL	Ka.	, nei	rndon,	, va.	•
ST-ZIP	- MCLEÁN VA 22102 -	ļ	2.4 CITY-ST-ZIP								
	D	DELETE	3.1 TITLE						Chang	зе, 🔲. A	Addition
:	RAUNER, BRUCE V		3.2 NAME .			Mill	Dα	Иот	ndon	Va	
ET ADDRESS	7918 JONES BRANCH DR., STE 940		3.3 STREET ADDRESS	2195	FOX	MITIT	Ru.	, 1161	IIICOII,	, , ,	
ST-ZIP	-MCLEAN-VA		3.4 CITY-ST-ZIP								
	ST	DELETE	4.1 TITLE						Chang	ye ∐ A	Addition
:	SCOTT, DUNLON K		4.2 NAME	2105	TI	Mill	ъа	Hor	nođn	. Va	_
ET ADDRESS	7 913 COACH ST		4.3 STREET ADDRESS	2195	rox.	MITIT	Ru.	, 1101	Liioaii,	, , ,	•
ST-ZIP	POTONAC MD-20054		4.4 CITY-ST-ZIP								
	Vice President	DELETE	5.1 TITLE						Chang	je 📙 A	Addition
:	David Lundsten		5.2 NAME								1
ET ADDRESS	2195 Fox Mill Rd		5.3 STREET ADDRESS) ^						•	'
ST-ZIP	Herndon, Va 20171		5.4 CITY-ST-ZIP								
	,	DELETE	6.1 TITLE						Chang	ye L,∫A	Addition
1	•		6.2 NAME							•	
ET ADDRESS	•		6.3 STREET ADDRESS								
ST-ZIP	atifush as the late wasting a undied with this filing de		6.4 CITY-ST-ZIP		07/01/1	El ida Ora		ub or contif	, that the la	formation	

I hereby certify that the information supplied with this filing does not quality for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that in 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, of on an attachment with an address.

GNATURE:

Daytime Phone #