

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002256 (2)
 1. Corporation Name
DELEX SYSTEMS, INCORPORATED



Principal Place of Business 1953 GALLOWES ROAD STE 700 VIENNA VA 22182-3991	Mailing Address 1953 GALLOWES ROAD STE 700 VIENNA VA 22182-3991
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	29 Country
30	

3. Date Incorporated or Qualified 04/28/1997	
4. FEI Number 54-0836954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

DAVIS, WYNNE
BLDG 1849
NAVAL STATION MAYPORT
MAYPORT FL 32228

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 Wynne H. Davis **1/19/98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	PIPER, H L	
STREET ADDRESS	2809 STIRRUP LANE	
CITY-ST-ZIP	ALEXANDRIA VA 22308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAUNEY, REUEL O III	
STREET ADDRESS	4737 34TH ST	
CITY-ST-ZIP	ARLINGTON VA 22207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHELTON, PAUL J	
STREET ADDRESS	11000 OAKTON WOODS WAY	
CITY-ST-ZIP	OAKTON VA 22124	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BENSING, DONALD R	
STREET ADDRESS	3014 HARITAGE FARM COURT	
CITY-ST-ZIP	HERNDON VA 22071	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BESTE, FREDERICK J III	
STREET ADDRESS	1191 JACOBSSBURG RD	
CITY-ST-ZIP	WIND GAP PA 18091	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C. PIPER H.L.
1.3 STREET ADDRESS	2609 STIRRUP LANE
1.4 CITY-ST-ZIP	ALEXANDRIA, VA 22308
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	P EDMUND F. DRISCOLL, II
6.3 STREET ADDRESS	1500 LINCOLN CIRCLE, # 213
6.4 CITY-ST-ZIP	MCLEAN, VA 22102

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.

SIGNATURE Wynne H. Davis **1/6/98** **202 721 0000**

CR2E034 (10/97)