


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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90049 039 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000002256**  
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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24	Zip Country 29
25	30

3. Date Incorporated or Qualified <b>04/28/1997</b>	
4. FEI Number <b>54-0836954</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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 **TIM MATTHEWS**  
82 Street Address (P.O. Box Number is Not Acceptable) **3505 LAKE LYNDY DR.**  
83 **SUITE 103**  
84 City **ORLANDO** FL 85 Zip Code **32817**

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 *Timothy J. Matthews* 11 JAN 99  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	PIPER, H L	
STREET ADDRESS	2609 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 JACOBSBURG RD	
CITY-ST-ZIP	WIND GAP PA 18091	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DRISCOLL, EDMUND F II	
STREET ADDRESS	1500 LINCOLN CIR, #213	
CITY-ST-ZIP	MCLEAU VA 22102	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Timothy J. Matthews* 1/4/98 (703) 734-8300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (1/98)