H-22-98 e.   5292 -c

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

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Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000003562 (2)

1. Corporation Name

USER TECHNOLOGY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~4301 N FAIRFAX DRIVE, STE 400~~ ~~ARLINGTON VA 22203~~	~~4301 N FAIRFAX DRIVE, STE 400~~ ~~ARLINGTON VA 22203~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/09/1997

4. FEI Number
54-1439117 | Applied For | Not Applicable

2. Principal Place of Business
21 950 N. GLEBE ROAD
Suite, Apt. #, etc.
22 SUITE 100
City & State
23 ARLINGTON, VA
Zip 24 22203 | Country 25

2a. Mailing Address
26 950 N. GLEBE ROAD
Suite, Apt. #, etc.
27 SUITE 100
City & State
28 ARLINGTON, VA
Zip 29 22203 | Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCTD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME KIM, YONG K	1.2 NAME	
STREET ADDRESS 4301 N FAIRFAX DR., STE 400	1.3 STREET ADDRESS 950 N. GLEBE ROAD, SUITE 100	
CITY-ST-ZIP ARLINGTON VA	1.4 CITY-ST-ZIP ARLINGTON, VA 22203	
TITLE VS ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME NAISEL, JULIE A	2.2 NAME MAISEL, JULIE A	
STREET ADDRESS 4301 N FAIRFAX DR., STE 400	2.3 STREET ADDRESS 950 N. GLEBE ROAD, SUITE 100	
CITY-ST-ZIP ARLINGTON VA	2.4 CITY-ST-ZIP ARLINGTON, VA 22203	
TITLE ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.