

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

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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90028 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000003834

1. Corporation Name
ADVANTAGE INTERNATIONAL MARKETING, INC.



Principal Place of Business: 1751 PINNACLE DR. STE. 1500 MCLEAN VA 22102
 Mailing Address: 1751 PINNACLE DR. STE. 1500 MCLEAN VA 22102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1997
 4. FEI Number: 52-1287224 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

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

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIGHILL, FRANCIS H III	1.2 NAME	Fentress, A. Lee
STREET ADDRESS	1350 BALLANTRAE LANE	1.3 STREET ADDRESS	4611 Hawthorne Lane, N.W.
CITY-ST-ZIP	MCLEAN VA 22101	1.4 CITY-ST-ZIP	Washington, D.C. 20016
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENTRESS, A. LEE	2.2 NAME	de Picciotto, Philip
STREET ADDRESS	4611 HAWTHORNE LANE, NW	2.3 STREET ADDRESS	1110 Savile Lane, McLean, VA
CITY-ST-ZIP	WASHINGTON DC 20016	2.4 CITY-ST-ZIP	McLean, Virginia 22101
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE PICCIOTTO, PHILIP	3.2 NAME	Burton, Michael
STREET ADDRESS	1110 SAVILE LANE	3.3 STREET ADDRESS	1266 East Main Street, 7th Floor
CITY-ST-ZIP	MCLEAN VA 22101	3.4 CITY-ST-ZIP	Stamford, Connecticut 06902
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWLER, PETER C	4.2 NAME	
STREET ADDRESS	6800 GLENBROOK RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, HARLAN	5.2 NAME	
STREET ADDRESS	35 PLYMOUTH RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT 06820	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-99 Date: _____ Daytime Phone #: _____

CR2E034 (11/98)