

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

**FILED**  
**Apr 02, 1998 8:00 am**  
**Secretary of State**

PROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000003834 (5)**

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**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

**52-1287224**

Applied For  
 Not Applicable

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

**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  
 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 **DS**  DELETE  
 NAME **CRAIGHILL, FRANCIS H III**  
 STREET ADDRESS **1350 BALLANTRAE LANE**  
 CITY-ST-ZIP **MCLEAN VA 22101**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **DV**  DELETE  
 NAME **FENTRESS, A. LEE**  
 STREET ADDRESS **4011 HAWTHORNE LANE, NW**  
 CITY-ST-ZIP **WASHINGTON DC 20016**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **DV**  DELETE  
 NAME **DE PICCIOTTO, PHILIP**  
 STREET ADDRESS **1110 SAVILE LANE**  
 CITY-ST-ZIP **MCLEAN VA 22101**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **DP**  DELETE  
 NAME **LAWLER, PETER C**  
 STREET ADDRESS **6800 GLENBROOK RD.**  
 CITY-ST-ZIP **BETHESDA MD 20817**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **DV**  DELETE  
 NAME **STONE, HARLAN**  
 STREET ADDRESS **35 PLYMOUTH RD.**  
 CITY-ST-ZIP **DARIEN CT 06820**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  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 in an attachment with an address.

SIGNATURE: *Peter Lawler* SIGNATURE REQUIRED Peter Lawler 3/16/98 703-905-3300