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Apr 15 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 # **F97000004005 (1)**

1. Corporation Name
ALPHA ON BOARD SALES & SERVICES, INC.

Principal Place of Business	Mailing Address
300 WEST SERVICE ROAD WASHINGTON-DULLES INT'L AIRPORT WASHINGTON DC 20041-6300	300 WEST SERVICE ROAD WASHINGTON-DULLES INT'L AIRPORT WASHINGTON DC 20041-6300

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1997

2. Principal Place of Business	2a. Mailing Address
21 45025 AVIATION DR	26 45025 AVIATION DR
Suite, Apt. #, etc. 22 SUITE 350	Suite, Apt. #, etc. 27 SUITE 350
City & State 23 DULLES, VA	City & State 28 DULLES, VA
Zip 24 20166	Zip 29 20166
Country 25	Country 30

4. FEI Number: 52-2045546 ☐ 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	10. Name and Address of New Registered Agent
WOLFE, LARRY 200-A JOHN KNOX RD TALLAHASSEE FL 32303	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
NAME	SIDDALL, STUART		1.2 NAME		
STREET ADDRESS	804 BATH ROAD		1.3 STREET ADDRESS	45025 AVIATION DR, SUITE 350	
CITY-ST-ZIP	CRANFORD, MIDDLESEX UK		1.4 CITY-ST-ZIP	DULLES, VA 20166	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	JAYWARDENA, RAKHITA		2.2 NAME		
STREET ADDRESS	804 BATH ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CRANFORD, MIDDLESEX UK		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change	☐ Addition
NAME	DEASY, PATRICK G		3.2 NAME		
STREET ADDRESS	300 WEST SERVICE RD		3.3 STREET ADDRESS	45025 AVIATION DR, SUITE 350	
CITY-ST-ZIP	WASHINGTON DC		3.4 CITY-ST-ZIP	DULLES, VA 20166	
TITLE	PSD	☐ DELETE	4.1 TITLE	☒ Change	☐ Addition
NAME	SAUNDERS, JOHN H		4.2 NAME		
STREET ADDRESS	300 WEST SERVICE RD		4.3 STREET ADDRESS	45025 AVIATION DR, SUITE 350	
CITY-ST-ZIP	WASHINGTON DC		4.4 CITY-ST-ZIP	DULLES, VA 20166	
TITLE	AS	☐ DELETE	5.1 TITLE	☒ Change	☐ Addition
NAME	OAKLEY, DAWN E		5.2 NAME		
STREET ADDRESS	300 WEST SERVICE RD		5.3 STREET ADDRESS	45025 AVIATION DR, SUITE 350	
CITY-ST-ZIP	WASHINGTON DC		5.4 CITY-ST-ZIP	DULLES, VA 20166	
TITLE	T	☐ DELETE	6.1 TITLE	☒ Change	☐ Addition
NAME	DONAHOE, PATRICK W		6.2 NAME		
STREET ADDRESS	300 WEST SERVICE RD		6.3 STREET ADDRESS	45025 AVIATION DR, SUITE 350	
CITY-ST-ZIP	WASHINGTON DC		6.4 CITY-ST-ZIP	DULLES, VA 20166	

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.

SIGNATURE: _____ 3/6/98 703-742-4330