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

FILED
May 11 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 # **F97000004057 (2)**

1. Corporation Name
OCLI, INCORPORATED

Principal Place of Business	Mailing Address
1235 JEFFERSON DAVIS HWY., STE. 500 ARLINGTON VA 22202	1235 JEFFERSON DAVIS HWY., STE. 500 ARLINGTON VA 22202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1997

2. Principal Place of Business
21 5440 Cherokee Avenue
22 Suite, Apt. #, etc.
23 City & State: Alexandria VA
24 Zip: 22312 25 Country: USA

2a. Mailing Address
26 5440 Cherokee Avenue
27 Suite, Apt. #, etc.
28 City & State: Alexandria VA
29 Zip: 22312 30 Country: USA

4. FEI Number: 54-1833439 ☐ 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
EVANS, GEORGE M P.A.
2100 PONCE DE LEON BLVD., STE. 1040
CORAL GABLES FL 23134

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 _____ (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	C	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	PLUNKETT, CHARLEY L		12 NAME		
STREET ADDRESS	1235 JEFFERSON DAVIS HWY., STE. 500		13 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA 22202		14 CITY-ST-ZIP		
TITLE	C	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MCGURK, FRANK W		22 NAME		
STREET ADDRESS	1235 JEFFERSON DAVIS HWY., STE. 500		23 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA 22202		24 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	GREEN, KEN		32 NAME		
STREET ADDRESS	3300 CORPORATE AVE., STE. 104		33 STREET ADDRESS		
CITY-ST-ZIP	WESTON FL 33301		34 CITY-ST-ZIP	Weston FL 33331	
TITLE	DT	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	MCCORMACK, DON		42 NAME		
STREET ADDRESS	5440 CHEROKEE AVE.		43 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA 22312		44 CITY-ST-ZIP		
TITLE	V	☐ DELETE	51 TITLE		☒ Change ☐ Addition
NAME	GREEN, JASON		52 NAME		
STREET ADDRESS	3300 CORPORATE AVE., STE. 104		53 STREET ADDRESS		
CITY-ST-ZIP	WESTON FL 33301		54 CITY-ST-ZIP	Weston FL 33331	
TITLE	S	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	TUMLIN, GRADY H		62 NAME		
STREET ADDRESS	1235 JEFFERSON DAVIS HWY., STE. 500		63 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA 22202		64 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.

CR2E034 (10/97)