

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

FILED  
Mar 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004074 (7)**

1. Corporation Name  
**VECTOR DATA SYSTEMS, INC.**

Principal Place of Business <b>1100 S. WASHINGTON ST., #300 ALEXANDRIA VA 22314</b>	Mailing Address <b>1100 S. WASHINGTON ST., #300 ALEXANDRIA VA 22314</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/04/1997</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>54-1559869</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE #3000 MIAMI FL 33131</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number Is Not Acceptable)	
83		84 City	
		85 Zip Code <b>FL</b>	

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	PD <b>GILLIS, BARRIE A</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1100 S. WASHINGTON ST., #300</b>	1.2 NAME	
STREET ADDRESS	<b>ALEXANDRIA VA 22314</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SDC <b>GRAVES, STANLEY E</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>President &amp; CEO (P)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1100 S. WASHINGTON ST., #300</b>	2.2 NAME	<b>Graves, Stanley E</b>
STREET ADDRESS	<b>ALEXANDRIA VA 22314</b>	2.3 STREET ADDRESS	<b>1100 S. Washington St., #300</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Alexandria VA 22314</b>
TITLE	TD <b>ROBEY, RICHARD H</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VP, Corp. Operations (V)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1100 S. WASHINGTON ST., #300</b>	3.2 NAME	<b>Buran, Robert L</b>
STREET ADDRESS	<b>ALEXANDRIA VA 22314</b>	3.3 STREET ADDRESS	<b>1100 S. Washington St., #300</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Alexandria VA 22314</b>
TITLE	DC <b>PERROTTS, LEONARD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1100 S. WASHINGTON ST., #300</b>	4.2 NAME	
STREET ADDRESS	<b>ALEXANDRIA VA 22314</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>VP, Business Operations (V)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Demeter, Ron E</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1100 S. Washington St., #300</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Alexandria, VA 22314</b>
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, on an attachment with an address.

SIGNATURE:

*Stanley E Graves*

3/9/98

703 683 7287

CR2E034 (10/97)