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COF	PROFIT RPORATION UAL REPORT			FLORIDA DEPART Katherine Secretary	Harris of State				AND CO	. I: NN		
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ACSI ADVANCED DATA SERVICES, INC.												110 H. S. C. 150
Principal Place of Business				Mailing Address				1 (69)(6)	i synd til ni yddin ddin d	SIII SBIII SGIII B	EUDI EUULO MATOL	#011 0101 1001
	BUSINESS PKWY #100	131 NATIONAL BUSINESS PKWY ANNAPOLIS JUNCITON MD 20701			100							
ANNAPOLIS JUNCITON IND 20701 ANNAPO				DGS SUNCTION WID 20701				DO NOT WRITE IN THIS SPACE				
								1	orated or Qualifed	ı		
2. Principal P	lace of Business		2a. Mailir	ng Address		-		11/07/19 4. FEI Number	·		Ap	plied For
21133 National Business Pkwy.			26 133 National Bus			ess P	kwy.	52-19308	72			t Applicable
Suite, Apt. #, etc.			Suite,		-	5. Certifcate of	Status Desired		\$8.75 A			
22 000 City & State			27 200 City 8				6. Election Car	mpaign Financing		\$5.00		
23Annapolis Junction, MD			28 Annapolis Junctio					Trust Fund ([]	Added to	
Zip	Country		Zip	· 4	Country	y		,	ation owes the cur	rent year Inta	₹	
2420701	9. Name and Addres		29 2070		<u> </u>			Personal Pro	openy lax Address of New	Registered A	4	□No
			 		81	Name		• • • • • • • • • • • • • • • • • • • •				
SELF, FLOYD R ESQ. MESSER, CAPARELLO & SELF 215 S. MONROE ST., #701							s (P.O. Box III)	e proprieta es	avia) 🔑 🤇	FIEF	E	
										3/99()1 031	-006
TALLAHASSEE FL 32302-1876					L	L,	·			550.00	****5	50.00
						City				FL	85 Zip C	ode
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.												registered gistered
SIGNATURE	Signature, typed or printed name of	of constered anont on	d title if anylical	le (NOTE Ra	nistered Ann	ot signature	required w	hen reinstating)		DATE		
12.		FICERS AND			13.	THE SIGNATURE OF	redones e		CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	D			DELETE	11 TITLE		Ţ				₩ Change	Addition
NAME	RAFFERTY, CHRISTO				1.2 NAME							
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CITY-ST-ZIP	<u>Annapolis Juncit</u> DP	UN MU ZU/U		DELETE	1.4 CITY-S 2.1 TITLE	1-ZP	P		. ,		Change	Addition
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NAME	PIAZZA, DAVID L				52 NAME	_						
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							1422	33-113		_1		

63 STREET ADDRESS

CITY-ST-ZIP

133 National Business Pkwy., Suite 200

Annapolis Junction, MD 20701

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 chapped, or on an attanhment with an address, with all other like empowered.

SIGNATURF: Riley M. Murphy, Secretary (125 99 (301)361-4200

SIGNATURE: _