FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G28490 (2)

1. Corporation Name
COMPUTER SCIENCE INNOVATIONS, INC.

Principal Place of Business	Mailing Address
1235 EVANS ROAD MELBOURNE FL 32904 US	1235 EVANS ROAD MELBOURNE FL 32904 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/18/1983
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-2272365 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE A.
1825 S RIVERVIEW DR
MELBORNE FL 32901

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☐ Change ☒ Addition
NAME	BLOHM, JOHN ARTHUR	1.2 NAME	D Pruitt, James E.
STREET ADDRESS	520 PALM SPRINGS BLVD.	1.3 STREET ADDRESS	2960 N. Riverside Dr.
CITY-ST-ZIP	INDIAN HARBOR BEACH FL	1.4 CITY-ST-ZIP	Indialantic, FL 32903
TITLE	VDS	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHAFFER, JAMES CASPER	2.2 NAME	
STREET ADDRESS	851 LOGGERHEAD ISL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DOWLING, MICHAEL G.	3.2 NAME	
STREET ADDRESS	2981 GATEWAY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	TATE, RAYMOND T	4.2 NAME	
STREET ADDRESS	17929 POND ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ASHTON MD	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	SILBERHORN, EDWARD J.	5.2 NAME	D Silberhorn, Edward J
STREET ADDRESS	11878 FAWN RIDGE LANE	5.3 STREET ADDRESS	205 VanBuren St. #400
CITY-ST-ZIP	RESTON VA	5.4 CITY-ST-ZIP	Herndon, VA 22070-5336
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	HARVEY, CURRAN W.	6.2 NAME	D Harvey, Curran W.
STREET ADDRESS	119 ST. PAUL STREET	6.3 STREET ADDRESS	1119 St. Paul St.
CITY-ST-ZIP	BALTIMORE MD	6.4 CITY-ST-ZIP	Baltimore, MD 21202

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James C. Schaffer 4/28/95 407-676-2923
SIGNATURE AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0087101 CP