

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:40

DOCUMENT # **K09125** (1)

1. Corporation Name  
**EOIRTA SOFTWARE, INC.**

Principal Place of Business: **1 ENGLISH HILLS DR, FREDERICKSBURG VA 22406 US**  
Mailing Address: **1 ENGLISH HILLS DR, FREDERICKSBURG VA 22406 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/28/1987</b>	3a. Date of Last Report <b>04/15/1994</b>
21		26		4. FEI Number <b>65-0020391</b>	Applied Fee Not Applicable
22	State, Apt #, etc	27	State, Apt #, etc	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	25	Country	29	30
				8. This corporation has liability for intangible tax under § 190.04, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
<b>MOULTON, ANGELA M. 6670 ESTERO BLVD. A202 FT. MYERS BEACH FL 33931</b>				B1	Name	
				B2	Street Address (P.O. Box Number is Not Acceptable)	
				B3		
				B4	City	
				FL	B5	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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Name of Registered Agent or Director) \_\_\_\_\_ (Name of Registered Agent or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If any)	
TITLE	<b>PO</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOULTON, ANGELA M.</b>	12 NAME	
STREET ADDRESS	<b>1 ENGLISH HILLS DR</b>	13 STREET ADDRESS	
CITY ST ZIP	<b>FREDERICKSBURG VA</b>	14 CITY ST ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.04 and 190.05, Florida Statutes. I further certify that the information included 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 responsible to compile this report as required by Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Angela Moulton* 2/26/95 803-702-4765  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ANGELA MOULTON**