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May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K-64093

1. Corporation Name

SYSTEMS OF EXCELLENCE, INC.

Principal Place of Business

Mailing Address

1420 Spring Hill Road
McLean, VA 22102

3. Date Incorporated or Qualified
02/08/89

3a. Date of Last Report
09/09/96

2. Principal Place of Business
21 1420 Spring Hill Road

2a. Mailing Address
26 1420 Spring Hill Road

4. FEI Number
65-0126945

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State
McLean, VA

27 City & State
McLean, VA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip
22102

25 Country
USA

29 Zip
22102

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARTHUR W. TIFFORD, P.A.
1385 NW 15 Street
Miami, FL 33125
305-545-7822

81 Name
Same

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CCEO/DIRECTOR ☒ DELETE
NAME Huttoe, Charles D.
STREET ADDRESS 2600 Douglas Road, Suite 607
CITY-ST-ZIP Coral Gables, FL 33134

TITLE SECRETARY/DIRECTOR ☒ DELETE
NAME IACORELLI, MARIA
STREET ADDRESS 2600 Douglas Road Suite 607
CITY-ST-ZIP Coral Gables FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director/President ☒ Change ☒ Addition
1.2 NAME Clines, Thomas G.
1.3 STREET ADDRESS 1420 Spring Hill Road
1.4 CITY-ST-ZIP McLean VA 22102

2.1 TITLE DIRECTOR/CHAIRPERSON of Board ☒ Change ☒ Addition
2.2 NAME CONNELL, KATHLEEN
2.3 STREET ADDRESS 233 Tuckerman Avenue
2.4 CITY-ST-ZIP Middletown RI 02842

3.1 TITLE DIRECTOR, ☒ Change ☒ Addition
3.2 NAME HEGARTY, MICHAEL
3.3 STREET ADDRESS PO Box 2636 N/A
3.4 CITY-ST-ZIP Edgartown MA 02539

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 1997

703-734-9200

CR2E034 (9/96)