PI CORF ANNUA	NOW: FIL ROFIT PORATION AL REPORT	NG FEE AFTE	R MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandre B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Apr 23 1998 8:00am Secretary of State		
Principal Place	Name VATER, INC. of Business		(9) ailing Address				
300 e or ande Ste 204 Ormond Beac US		Ċ	O BOX 2652 DRMOND BEACH FL 3217 IS	5	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2. Principal Pla	en of Bucinner		Mailing Address		06/05/1989 4. FEI Number		plied For
$\mathcal{A}(\mathcal{A})$		ada Bludze	maning Address		59-2951403	1 ···· + ··	pileo ror it Applicable
Suite, Apl. #,		27	Suile, Apt. #, etc.			\$8.75 / Fee Re	Additional
City & State		28	City & State		 Election Campaign Financing Trust Fund Contribution 	\$5.00 Added t	
Zip	Cc 25	puntry 29	Zφ	Country 30	 This corporation owes or has paid Personal Property Tax due June 30 		angible] No
360	ar, t. j., n i John Anders Te 129 -	on dr			dress (P.O. Box Number is Not Acceptable)	
ORM	IOND BEACH F	L 32176		83			
				84 City		FL B5 Zip (Code
	o the provisions of	Sections 607 0502 and 6	07.1508, Florida Statute	s, the above-named cor	rporation submits this statement for the pur	pose of changing it	s registered
office or reg agent I am SIGNATURE	gistered agent, or) familiar with, and tanatan spector proce	Sections 607 0502 and 6 both, in the State of Forin tracept the obligations o trans of registre transmission OFFICERS AND DIRCO	da, Such change was a f, Section 607.0505, Flo at implement (NOTE CLORS	uthorized by the corpora	ation's board of directors. Thereby accept	DATE RS AND DIRECTOR	IS IN 12
office or reg agent 1 am SIGNATURE 3 12, 114	gistered agent, or) familiar with, and tamiliar typed or protection PD	both, in the State of Frain 4 accept the obligations o strand disastre fracetantide OFFICERS AND DIREC	da, Such change was a f, Section 607.0505, Flo utaget able (NOTE	Utionized by the corpora rida Statutes. Finglishered Agont signature requ 13. 11 IIILE	alion's board of directors. Thereby accept	DATE	is <u>IN 12</u>
office or reg agent 1 am SIGNATURE II II II II II VAME	gistered agent, or Tamiliar with, and <u>sinistic type for prote</u> PD CLOAR, T. J., 360 JOHN AN	both, in the State of Fori accept the obligations o start of reactine fuguritantiate OFFICE RS AND DIREC III IDERSON DR	da, Such change was a f, Section 607.0505, Flo at implement (NOTE CLORS	uthorized by the corpora rida Statutes. Registered Agent signature requ 13.	alion's board of directors. Thereby accept	DATE RS AND DIRECTOR	IS IN 12
office or regagent 1 am SIGNATURE 12. IIILE VAME STHEET ADDRESS STIY-ST-ZIP	PD CLOAR, T. J., 360 JOHN AN ORMOND BE/	both, in the State of Fori accept the obligations o start of reactine fuguritantiate OFFICE RS AND DIREC III IDERSON DR	da, Such change was a f, Soction 607.0505, Flo ut and chan (NOTE CTORS	Utionized by the corpora rida Statutos. Finglishmed Agent signature required 13. 11 THLE 12 NAME 13 STREET ADDRESS 14 CHY-ST-ZIP	alion's board of directors. Thereby accept	DATE RS AND DIRECTOR Change	IS IN 12
office or rem agent 1 am SIGNATURE IIL IIL IIL IIL IIL IIL IIL IIL IIL II	PD CLOAR, T. J., 360 JOHN AN ORMOND BE/ STD CLOAR, VIVIA	 both, in the State of Florin I accept the obligations of state of leaster fluctuation OFLICERS AND DIRECTION IN INTERSON DR ACH FL 	da, Such change was a f, Section 607.0505, Flo at implement (NOTE CLORS	Utionized by the corporation of	alion's board of directors. Thereby accept	DATE RS AND DIRECTOR	IS IN 12
office or reg agent 1 am SIGNATURE 12. 111. 12. 112. 112. 114. STREET ADDRESS DITY-ST-ZIP 111. 114. STREET ADDRESS	PD CLOAR, T. J., 360 JOHN AN ORMOND BE/ STD	Doth, in the State of Flori I accept the obligations o state of leasting fugertantide OFLICERS AND DIREC III IDERSON DR ACH FL	da, Such change was a f, Soction 607.0505, Flo ut and chan (NOTE CTORS	the corporation of the corp	alion's board of directors. Thereby accept	DATE RS AND DIRECTOR Change	IS IN 12
office or reg agent 1 am SIGNATURE II II II SIGNATURE II SIGNATURE STREET ADDRESS CITY-ST-ZIP OTLE STREET ADDRESS CITY-ST-ZIP II II STREET ADDRESS CITY-ST-ZIP	PD CLOAR, T. J., 360 JOHN AN ORMOND BE/ STD CLOAR, VIVIA 360 JOHN AN 360 JOHN AN	Doth, in the State of Flori I accept the obligations o state of leasting fugertantide OFLICERS AND DIREC III IDERSON DR ACH FL	da, Such change was a f, Soction 607.0505, Flo ut and chan (NOTE CTORS	Utionized by the corpora rida Statutos. Finglistened Agent signature required 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY - ST - ZIP 31 TITLE	alion's board of directors. Thereby accept	DATE RS AND DIRECTOR Change	IS IN 12
office or reg agent 1 am SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 13. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	PD CLOAR, T. J., 360 JOHN AN ORMOND BE/ STD CLOAR, VIVIA 360 JOHN AN 360 JOHN AN	Doth, in the State of Flori I accept the obligations o state of leasting fugertantide OFLICERS AND DIREC III IDERSON DR ACH FL	da Such change was a f, Suction 607.0505, Flo annu (NOTE CTORS DELETE	Utionized by the corpora rida Statutos. Finglishered Agent signature required 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS	alion's board of directors. Thereby accept	The appointment as	IS IN 12
office or rem agent 1 am SIGNATURE 12. 11. 11. 11. 11. 11. 11. 11. 11. 11.	PD CLOAR, T. J., 360 JOHN AN ORMOND BE/ STD CLOAR, VIVIA 360 JOHN AN 360 JOHN AN	Doth, in the State of Flori I accept the obligations o state of leasting fugertantide OFLICERS AND DIREC III IDERSON DR ACH FL	da Socion 607.0505, Flo d socion 607.0505, Flo CLORS DELFTE DELFTE DELFTE	Utionized by the corpora rida Statutos. Finglishered Agent signature required 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY - ST - ZIP	alion's board of directors. Thereby accept	The appointment as	IS IN 12 Additio
office or rem agent 1 am SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 13. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	PD CLOAR, T. J., 360 JOHN AN ORMOND BE/ STD CLOAR, VIVIA 360 JOHN AN 360 JOHN AN	Doth, in the State of Flori I accept the obligations o state of leasting fugertantide OFLICERS AND DIREC III IDERSON DR ACH FL	da Such change was a f, Suction 607.0505, Flo annu (NOTE CTORS DELETE	Utionized by the corpora rida Statutos. Fingistered Agent signature requirations 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	alion's board of directors. Thereby accept	the appointment as	IS IN 12 Additio
office or rem agent 1 am SIGNATURE 12. 11/LE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD CLOAR, T. J., 360 JOHN AN ORMOND BE/ STD CLOAR, VIVIA 360 JOHN AN 360 JOHN AN	Doth, in the State of Flori I accept the obligations o state of leaster fuget initiate OFLICERS AND DIREC III IDERSON DR ACH FL	da Socion 607.0505, Flo d socion 607.0505, Flo CLORS DELFTE DELFTE DELFTE	Utionized by the corpora rida Statutos. Findistaned Agent signature requirations 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	alion's board of directors. Thereby accept	the appointment as	IS IN 12 Additio
office or reg agent 1 am SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 14. 14. 14. 14. 14. 14. 14. 14. 14	PD CLOAR, T. J., 360 JOHN AN ORMOND BE/ STD CLOAR, VIVIA 360 JOHN AN 360 JOHN AN	Doth, in the State of Flori I accept the obligations o state of leaster fuget initiate OFLICERS AND DIREC III IDERSON DR ACH FL	da Socion 607.0505, Flo d socion 607.0505, Flo CLORS DELFTE DELFTE DELFTE	Utionized by the corpora rida Statutos. Fingistered Agent signature requirations 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	alion's board of directors. Thereby accept	the appointment as	IS IN 12 Additio
office or rem agent 1 am SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 14. 14. 14. 14. 14. 14. 14. 14. 14	PD CLOAR, T. J., 360 JOHN AN ORMOND BE/ STD CLOAR, VIVIA 360 JOHN AN 360 JOHN AN	Doth, in the State of Flori I accept the obligations o state of leaster fuget initiate OFLICERS AND DIREC III IDERSON DR ACH FL	da Souch change was a f. Souch 607.0505, Flo at ingel alte (NOTE CLORS DELFTE DELFTE DELFTE DELFTE	Utionized by the corpora rida Statutos. Findistaneo Agont signature requirations 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	alion's board of directors. Thereby accept	the appointment as	IS IN 12 Additio
office or reg agent 1 am SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 13. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	PD CLOAR, T. J., 360 JOHN AN ORMOND BE/ STD CLOAR, VIVIA 360 JOHN AN 360 JOHN AN	Doth, in the State of Flori I accept the obligations o state of leaster fuget initiate OFLICERS AND DIREC III IDERSON DR ACH FL	da Souch change was a f. Souch 607.0505, Flo at ingel alte (NOTE CLORS DELFTE DELFTE DELFTE DELFTE	Utionized by the corpora rida Statutos. Findistaneo Agont signature requirations 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 4 3 STREET ADDRESS 44 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	alion's board of directors. Thereby accept	the appointment as	IS IN 12 Additio
office or re agent 1 am SIGNATURE	PD CLOAR, T. J., 360 JOHN AN ORMOND BE/ STD CLOAR, VIVIA 360 JOHN AN 360 JOHN AN	Doth, in the State of Flori I accept the obligations o state of leaster fuget initiate OFLICERS AND DIREC III IDERSON DR ACH FL	da Souch change was a f. Souch 607.0505, Flo at ingel alte (NOTE CLORS DELFTE DELFTE DELFTE DELFTE	Utionized by the corpora rida Statutos. Findistaneo Agont signature requirations 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	alion's board of directors. Thereby accept	the appointment as	registered
office or reg agent 1 am SIGNATURE 12. 11114 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLOAR, T. J., 360 JOHN AN ORMOND BE/ STD CLOAR, VIVIA 360 JOHN AN 360 JOHN AN	Doth, in the State of Flori I accept the obligations o state of leaster fuget initiate OFLICERS AND DIREC III IDERSON DR ACH FL	dr. Succh change was a (, Succh 607.0505, Flo () Monte CTORS DELETE DELETE DELETE DELETE	Utionized by the corpora rida Statutos. Findistaned Agent signature requirations 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME	alion's board of directors. Thereby accept	the appointment as DATE RS AND DIRECTOR Change Change Change Change Change	IS IN 12 Additio
office or reg agent 1 am SIGNATURE 12. 11114 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLOAR, T. J., 360 JOHN AN ORMOND BE/ STD CLOAR, VIVIA 360 JOHN AN 360 JOHN AN	Doth, in the State of Flori I accept the obligations o state of leaster fuget initiate OFLICERS AND DIREC III IDERSON DR ACH FL	dr. Succh change was a (, Succh 607.0505, Flo () Monte CTORS DELETE DELETE DELETE DELETE	Utionized by the corpora rida Statutos. Findistaned Agent signature requirations 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	alion's board of directors. Thereby accept	the appointment as DATE RS AND DIRECTOR Change Change Change Change Change	IS IN 12 Additio