

2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED *1/21*
99 JUL 21 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address
of Limited Liability Company **DOCUMENT # M98000000111**

EARTHDATA INTERNATIONAL OF MARYLAND, LLC
45 WEST WATKINS MILL ROAD, SUITE G
GAITHERSBURG MD 20878

1a. Principal Place of Business Address

45 WEST WATKINS MILL ROAD, S
GAITHERSBURG MD 20878

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/06/1998	MD
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		52-2071575	
				5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc. 200002939082--8
	City -07/22/99--01087--023 FL ***588.75 ***588.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LOGAN, BRYAN J	45 WEST WATKINS MILL RD.,	GAITHERSBURG MD
MGR	LEONARD, JEFF	45 WEST WATKINS MILL RD.,	GAITHERSBURG MD
MGR	HIATT, MARY	45 WEST WATKINS MILL RD.,	GAITHERSBURG MD
MGR	WEGNER, BRIAN	45 WEST WATKINS MILL RD.,	GAITHERSBURG MD
MGR	MCCORD, HAL	45 WEST WATKINS MILL RD.,	GAITHERSBURG MD

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Jeff Leonard, Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER