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Jan 23 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 # **P01860** **(6)**

1. Corporation Name
PLANNING SYSTEMS INCORPORTED

Principal Place of Business	Mailing Address
7923 JONES BRANCH DRIVE MCLEAN VA 22102	7923 JONES BRANCH DRIVE MCLEAN VA 22102-3304

3. Date Incorporated or Qualified: **05/02/1984**
3a. Date of Last Report: **01/30/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24:
Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29:
Country — 30:

4. FEI Number: **52-0959900** ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, type 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	D	☒ DELETE	1.1 TITLE	Officer - Treasurer	☐ Change ☒ Addition
NAME	POTTS, SHERRY		1.2 NAME	Falcon, Robert	
STREET ADDRESS	107 CORNWALL ST NW		1.3 STREET ADDRESS	11011 Worwickshire Dr	
CITY-ST-ZIP	LEESBURG VA		1.4 CITY-ST-ZIP	Great Falls, VA 22066	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	JACOBS, GIL		2.2 NAME	Banos, Paul	
STREET ADDRESS	12205 GROVE PARK COURT		2.3 STREET ADDRESS	802 Bobolink Court	
CITY-ST-ZIP	POTOMAC MD		2.4 CITY-ST-ZIP	Slidell, LA 70461	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BROWN, LOUIS M., JR.		3.2 NAME	Rossel, Robert E.	
STREET ADDRESS	1665 KENWOOD AVENUE		3.3 STREET ADDRESS	11813 Winterset Terrace	
CITY-ST-ZIP	ALEXANDRIA VA		3.4 CITY-ST-ZIP	Potomac, MD 20854	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	EISNER, HOWARD		4.2 NAME	Debritz, Francis M.	
STREET ADDRESS	6521 KENHILL ROAD		4.3 STREET ADDRESS	7381 Barberry Lane	
CITY-ST-ZIP	BETHESDA MD		4.4 CITY-ST-ZIP	Manlius, NY 13104	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LITTAUER, ERNEST L.		5.2 NAME		
STREET ADDRESS	27305 DEER SPRING WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ALTOS HILLS CA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PICKETT, DAVID M.		6.2 NAME		
STREET ADDRESS	ROUTE 2 BOX 393A		6.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG VA		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 an address.

SIGNATURE: Robert A Falcon 1/8/97 703 4484223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000389