

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P01860** (6)  
1. Corporation Name  
**PLANNING SYSTEMS INCORPORATED**

Principal Place of Business  
7923 JONES BRANCH DRIVE  
MCLEAN VA 22102

Mailing Address  
7923 JONES BRANCH DRIVE  
MCLEAN VA 22102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/02/1984</b>	
21		26		4. FEI Number <b>52-0959900</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired... <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBS, GIL</b>	1.2 NAME	<b>BANAS, PAUL J.</b>
STREET ADDRESS	<b>12205 GROVE PARK COURT</b>	1.3 STREET ADDRESS	<b>802 BOBOLINK COURT</b>
CITY-ST-ZIP	<b>POTOMAC MD</b>	1.4 CITY-ST-ZIP	<b>SLIDELL, LA 70461</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, LOUIS M., JR.</b>	2.2 NAME	<b>ROSSEL, ROBERT E.</b>
STREET ADDRESS	<b>1665 KENWOOD AVENUE</b>	2.3 STREET ADDRESS	<b>11813 WINTerset TERRACE</b>
CITY-ST-ZIP	<b>ALEXANDRIA VA 22302</b>	2.4 CITY-ST-ZIP	<b>POTOMAC, MD 20854</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EISNER, HOWARD</b>	3.2 NAME	<b>WALLER, EDWARD</b>
STREET ADDRESS	<b>6521 KENHILL ROAD</b>	3.3 STREET ADDRESS	<b>7310 SOLITUDE ROAD</b>
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	3.4 CITY-ST-ZIP	<b>ST. MICHAELS, MD 21663</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PICKETT, DAVID M.</b>	4.2 NAME	
STREET ADDRESS	<b>ROUTE 280 BOX 388X 21024 FOX HOLLOW LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG VA 20175</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D - CFO</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FALONI, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>11011 WARNICKSHIRE DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREAT FALLS VA 22066</b>	5.4 CITY-ST-ZIP	
TITLE	<b>O - President/CEO</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRIEDMAN, ALAN J.</b>	6.2 NAME	
STREET ADDRESS	<b>10905 HUNTER STATION ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VIENNA, VA 22181</b>	6.4 CITY-ST-ZIP	

14. I 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: 

CR2E034 (10/97)