

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01860**

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

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90009 014 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1984

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

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 **D** ☐ DELETE
NAME **BANAS, PAUL J**
STREET ADDRESS **802 BOBOLINK CT**
CITY-ST-ZIP **SLIDELL LA 70461**

TITLE **D** ☐ DELETE
NAME **ROSSEL, ROBERT E**
STREET ADDRESS **11813 WINTERSET TERR**
CITY-ST-ZIP **POTOMAC MD 20854**

TITLE **D** ☐ DELETE
NAME **EISNER, HOWARD**
STREET ADDRESS **6521 KENHILL ROAD**
CITY-ST-ZIP **BETHESDA MD 20817**

TITLE **D** ☐ DELETE
NAME **PICKETT, DAVID M.**
STREET ADDRESS **21024 FOX HOLLOW LANE**
CITY-ST-ZIP **LEESBURG VA 20175**

TITLE **CFO** ☒ DELETE
NAME **FALONI, ROBERT**
STREET ADDRESS **11011 NSRWICKSHIRE DR**
CITY-ST-ZIP **GREAT FALLS VA 22066**

TITLE **PCFO** ☐ DELETE
NAME **FREIDMAN, ALAN J**
STREET ADDRESS **10905 HUNTER STATION RD.**
CITY-ST-ZIP **VIENNA VA 22181**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 **CFO**
5.3 STREET ADDRESS **Dean O'Neill**
5.4 CITY-ST-ZIP **8897 Bond Court**
Manassas Va 20110

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED

7/9/99

203 448 4223

CR2E034 (5/99)

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