
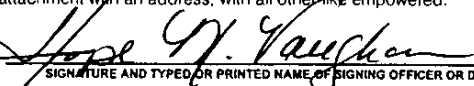


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90103 012 \*\*\*150.00

<b>DOCUMENT # P02000100424</b> 1. Entity Name <b>GEODATA RESEARCH SYSTEMS, INC.</b>					
Principal Place of Business <b>201 S ORANGE AVE STE 1350 ORLANDO, FL 32801</b>			Mailing Address <b>ATTN:LEGAL DEPT 101 GATEWAY CTR PKWY,GATEWAY ONE RICHMOND, VA 23235</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>5600 Cox Road</b>  Suite, Apt. #, etc.			
City & State  Zip		City & State <b>Glen Allen, VA</b> Zip <b>23060</b>		Country <b>USA</b>	
4. FEI Number <b>58-2676361</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, JAMES W 201 S ORANGE AVE STE 1350 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ANDERSON, ANDY S 5245 BIG PINE WAY,SUITE 102 FT.MYERS, FL 33919</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;">Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO EVANS, G.WILLIAM 101 GATEWAY CENTRE PKWY,GATEWAY ONE RICHMOND, VA 23235</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <b>5600 Cox Road Glen Allen, VA 23060</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPT RAMOS, RONALD B 101 GATEWAY CENTRE PARKWAY,GATEWAY ONE RICHMOND, VA 23235</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <b>5600 Cox Road Glen Allen, VA 23060</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KELLY, J.KEVIN 101 GATEWAY CENTRE PARKWAY,GATEWAY ONE RICHMOND, VA 23235</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <b>5600 Cox Road Glen Allen, VA 23060</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP MANASSARAM, MORTON O 201 S.ORANGE AVENUE,SUITE 1350 ORLANDO, FL 32801</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPS WENGER, HOLLY H 101 GATEWAY CENTRE PARKWAY,GATEWAY ONE RICHMOND, VA 23235</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <b>5600 Cox Road Glen Allen, VA 23060</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other <del>the</del> empowered.					
<b>SIGNATURE:</b> 			<b>Hope M. Vaughan</b> 4-26-07 (804) 267-8697		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		