

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90074 006 ***150.00

DOCUMENT # P02000100424

1. Entity Name

GEODATA RESEARCH SYSTEMS, INC.



Principal Place of Business

201 S ORANGE AVE STE 1350
ORLANDO, FL 32801

Mailing Address

5600 COX ROAD
GLEN ALLEN, VA 23060



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2676361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JAMES W
201 S ORANGE AVE STE 1350
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ANDERSON, ANDY S
STREET ADDRESS	5245 BIG PINE WAY, SUITE 102
CITY - ST - ZIP	FT. MYERS, FL 33919
TITLE	CFO
NAME	EVANS, WILLIAM G
STREET ADDRESS	5600 COX ROAD
CITY - ST - ZIP	GLEN ALLEN, VA 23060
TITLE	SVPT
NAME	RAMOS, RONALD B
STREET ADDRESS	5600 COX ROAD
CITY - ST - ZIP	GLEN ALLEN, VA 23060
TITLE	VP
NAME	KELLY, J. KEVIN
STREET ADDRESS	5600 COX ROAD
CITY - ST - ZIP	GLEN ALLEN, VA 23060
TITLE	DVP
NAME	MANASSARAM, MORTON O
STREET ADDRESS	201 S. ORANGE AVENUE, SUITE 1350
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	SVPS
NAME	WENGER, HOLLY H
STREET ADDRESS	5600 COX ROAD
CITY - ST - ZIP	GLEN ALLEN, VA 23060

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2008

Date

804-267-8426

Daytime Phone #