

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100424

FILED
Jul 09, 2009
Secretary of State

Entity Name: GEODATA RESEARCH SYSTEMS, INC.

Current Principal Place of Business:

201 S ORANGE AVE STE 1350
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

5600 COX ROAD
GLEN ALLEN, VA 23060

New Mailing Address:

FEI Number: 58-2676361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ANDERSON, ANDY S
Address: 5245 BIG PINE WAY, SUITE 102
City-St-Zip: FT. MYERS, FL 33919

Title: CFO () Delete
Name: EVANS, WILLIAM G
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

Title: SVPT () Delete
Name: RAMOS, RONALD B
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

Title: VP () Delete
Name: KELLY, J. KEVIN
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

Title: DVP (X) Delete
Name: MANASSARAM, MORTON O
Address: 201 S. ORANGE AVENUE, SUITE 1350
City-St-Zip: ORLANDO, FL 32801

Title: SVPS (X) Delete
Name: WENGER, HOLLY H
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCFO (X) Change () Addition
Name: EVANS, G. WILLIAM
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

Title: TR (X) Change () Addition
Name: RAMOS, RONALD B
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

Title: SVPS (X) Change () Addition
Name: PERRINE, WM. CHADWICK
Address: 5600 COX ROAD
City-St-Zip: GLEN ALLEN, VA 23060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WM. CHADWICK PERRINE

SVPS

07/09/2009

Electronic Signature of Signing Officer or Director

_____ Date