SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P12128** **(5)**

1. Corporation Name
NYMA, INC.

Principal Place of Business	Mailing Address
7501 CREENWAY CTR. DR. 1200 GREENBELT MD 20770	7501 CREENWAY CTR. DR. 1200 GREENBELT MD 20770

3. Date Incorporated or Qualified: **11/13/1986**
3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **52-1127149** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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's signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ALI, AZMAT		12 NAME	
STREET ADDRESS	9705 GRENADIER COURT		13 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD		14 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BELFORD, PETER		22 NAME	
STREET ADDRESS	8312 TURNBERRY COURT		23 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD		24 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	VERBIN, ARTHUR		32 NAME	
STREET ADDRESS	11309 SPUR WHEEL LANE		33 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	ALI, JAHANARA		42 NAME	
STREET ADDRESS	9705 GRENADIER COURT		43 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	ALI, SUNNY		52 NAME	
STREET ADDRESS	9705 GRENADIER COURT		53 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD		54 CITY-ST-ZIP	
TITLE	T	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	FORSETH, LARRY		62 NAME	
STREET ADDRESS	6337 FALLING BROOK DR.		63 STREET ADDRESS	
CITY-ST-ZIP	BURKE VA		64 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry N. Forseth 6/12/96 301-345-0832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #