

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P12370 (3) 1. Corporation Name STACKIG, INC.					
Principal Place of Business 7680 OLD SPRINGHOUSE ROAD MCLEAN VA 22102			Mailing Address 7680 OLD SPRINGHOUSE ROAD MCLEAN VA 22102-3403		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/05/1986 3a. Date of Last Report 05/01/1996 4. FEI Number 53-0259518 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 UNITED STATES CORPORATION COMPANY 1201 HAYES ST SUITE 105 TALLAHASSEE FL 32301			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	S ☐ DELETE				
NAME	AVELLINO, ANN M				
STREET ADDRESS	4313 WOODWAY ST				
CITY-ST-ZIP	ALEXANDRIA VA				
TITLE	PD ☐ DELETE				
NAME	ROSENFELD, LAURENCE				
STREET ADDRESS	9810 REACH RD.				
CITY-ST-ZIP	POTOMAC MD				
TITLE	TD ☐ DELETE				
NAME	LEAGUE, DEBORAH				
STREET ADDRESS	4821 N. 29TH STREET				
CITY-ST-ZIP	ARLINGTON VA				
TITLE	CEOC ☐ DELETE				
NAME	O'POGUE, DAVID				
STREET ADDRESS	8020 COBBLE CREEK CIRCLE				
CITY-ST-ZIP	POTOMAC MD				
TITLE	☐ DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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	2211 NORTH OAK COURT				
3.3 STREET ADDRESS	ARLINGTON, VA				
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					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	☐ Change ☐ Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I do 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**

4/29/97

703-734-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000399

CR2E034 (9/96)