FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13628 (3)

1. Corporation Name
AUTOMATED INFORMATION MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2231 CRYSTAL DR STE 500 ARLINGTON VA 22030 US	11605 LEEHIGH DRIVE FAIRFAX VA 22030

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/16/1987
3a. Date of Last Report: 05/01/1994

21 2. Principal Place of Business		26 2a. Mailing Address	PO Box 510
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	DEALE MD
24 Zip	25 Country	29 Zip	20751
		30 Country	USA

4. FEI Number: 54-1120314 ☐ 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

LAZLO, ADAM J.
18475 S.W. 88 CT
MIAMI FL 33157

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☑ Change ☐ Addition
NAME	SULLIVAN, SCOTT A.	12 NAME		
STREET ADDRESS	11605 LEEHIGH DR	13 STREET ADDRESS	P.O. Box 510	
CITY-ST-ZIP	FAIRFAX VA	14 CITY-ST-ZIP	DEALE, MD 20751	
TITLE	D	21 TITLE		☑ Change ☐ Addition
NAME	SULLIVAN, MARY ANNE	22 NAME		
STREET ADDRESS	11605 LEEHIGH DRIVE	23 STREET ADDRESS	2355 Emerald Heights Ct.	
CITY-ST-ZIP	FAIRFAX VA	24 CITY-ST-ZIP	Reston, VA 22091	
TITLE	VSD	31 TITLE		☑ Change ☐ Addition
NAME	SULLIVAN, JAN E	32 NAME		
STREET ADDRESS	11605 LEEHIGH DR	33 STREET ADDRESS	P.O. Box 510	
CITY-ST-ZIP	FAIRFAX VA	34 CITY-ST-ZIP	DEALE MD 20751	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Scott A. Sullivan Scott A. Sullivan 4/25/95 703 486-5730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0387892 FP