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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P13628** **(3)**

1. Corporation Name
AUTOMATED INFORMATION MANAGEMENT, INC.

Principal Place of Business
2231 CRYSTAL DR
STE 500
ARLINGTON VA 22030
US

Mailing Address
P.O. BOX 510
DEALE MD 20751-0510
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 22202 25 Country

2a. Mailing Address
26 81 YORK DR. Suite, Apt. #, etc.
27 City & State
28 LINDEN, VA
Zip 29 22642 30 Country

3. Date Incorporated or Qualified: 03/16/1987
3a. Date of Last Report: 05/01/1996
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: GARY A. REYBURN
82 Street Address (P.O. Box Number is Not Acceptable): 57 N.W. 43RD TER.
83 ~~PLANTATION - Ft~~
84 City: PLANTATION FL 85 Zip Code: 33317

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: Gary A. Reyburn GARY A. REYBURN 3/20/97
(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: SULLIVAN, SCOTT A.		1.2 NAME	
STREET ADDRESS: P.O. BOX 510 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP: DEALE MD		1.4 CITY-ST-ZIP	
TITLE: D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: SULLIVAN, MARY ANNE		2.2 NAME	
STREET ADDRESS: 2355 EMERALD HEIGHTS CT		2.3 STREET ADDRESS	
CITY-ST-ZIP: RESTON VA		2.4 CITY-ST-ZIP	
TITLE: VSD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME: SULLIVAN, JAN E		3.2 NAME	
STREET ADDRESS: P.O. BOX 510 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP: DEALE MD		3.4 CITY-ST-ZIP	
TITLE:	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I 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 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 3/19/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #