


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

FILED

Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 22202 US			Mailing Address 81 YORK DR LINDEN VA 22642 US		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/16/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 54-1120314	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent REYBURN, GARY A 57 NW 43RD TERRACE PLANTATION FL 33317				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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	DIRECTOR
NAME	SULLIVAN, SCOTT A.	1.2 NAME	SARA E. SULLIVAN
STREET ADDRESS	P.O. BOX 510 N/A	1.3 STREET ADDRESS	81 YORK CT.
CITY-ST-ZIP	DEALE MD	1.4 CITY-ST-ZIP	LINDEN, VA 22642
TITLE	VSD	2.1 TITLE	PTD
NAME	SULLIVAN, JAN E	2.2 NAME	SCOTT A. SULLIVAN
STREET ADDRESS	P.O. BOX 510 N/A	2.3 STREET ADDRESS	81 YORK CT.
CITY-ST-ZIP	DEALE MD	2.4 CITY-ST-ZIP	LINDEN VA 22642
TITLE		3.1 TITLE	VSD
NAME		3.2 NAME	JAN E. SULLIVAN
STREET ADDRESS		3.3 STREET ADDRESS	81 YORK CT.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LINDEN VA 22642
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 of Registered Agent

1/22/98 703446-573

CR2E034 (10/97)