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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:26

DOCUMENT # P15135 (7)

1. Corporation Name
SO-DEEP, INC.

Principal Place of Business	Mailing Address
8397 EUCLID AVENUE MANASSAS PARK VA 22111	8397 EUCLID AVENUE MANASSAS PARK VA 22111

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1987
3a. Date of Last Report: 02/09/1994
4. FEI Number: 54-1165555 ☐ 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

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

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 _____ 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	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	STUTZMAN, HENRY G.	1.2 NAME		
STREET ADDRESS	7726 WYCKLAND DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLIFTON VA	1.4 CITY-ST-ZIP		
TITLE	CV	2.1 TITLE		☐ Change ☐ Addition
NAME	HUMPHREYS, ROBERT G.	2.2 NAME		
STREET ADDRESS	2580 BABCOCK RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	VIENNA VA	2.4 CITY-ST-ZIP		
TITLE	~~S~~	3.1 TITLE		XX Change ☐ Addition
NAME	~~CARLE, ROSE, M~~	3.2 NAME		
STREET ADDRESS	~~14031 LESTRIC LANE~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~WOODBRIDGE VA~~	3.4 CITY-ST-ZIP		
TITLE	V- S	4.1 TITLE	Secretary	XX Change ☐ Addition
NAME	METHFESSEL, HARLEY A. J.	4.2 NAME		
STREET ADDRESS	6011 UNION SPRINGS	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLIFTON VA	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	FISHER, MICHAEL J.	5.2 NAME		
STREET ADDRESS	9428 LAFAYETTE AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MANASSAS VA	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: H. Methfessel Harley A.J. Methfessel, Sec. (703) 361-6005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0466020 FN