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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:40

DOCUMENT # **P16649** **(6)**

1. Corporation Name
HFS INC.

Principal Place of Business	Mailing Address
TECHNOLOGY PARK M/S 302N BILLERICA MA 01821-1199	TECHNOLOGY PARK M/S 302N BILLERICA MA 01821-1199

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/02/1987**
3a. Date of Last Report: **03/04/1994**

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

4. FEI Number: **41-1571110** ☐ 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

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 an officer (DATE: Required only when required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	CUNEO, RONALD, E	12 NAME		
STREET ADDRESS	1157 OLD GATE COURT	13 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA	14 CITY-ST-ZIP		
TITLE	VT	21 TITLE		☐ Change ☐ Addition
NAME	SCOTT, K., DUNLOP	22 NAME		
STREET ADDRESS	5319 WORTHINGTON DR	23 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	WADE, LARRY A.	32 NAME	Richard L. Buckingham	
STREET ADDRESS	13328 APGAR PLACE	33 STREET ADDRESS	2 Prescott Lane	
CITY-ST-ZIP	HERNDON VA	34 CITY-ST-ZIP	Hampton Falls, NH 03844	
TITLE	VS	41 TITLE		☐ Change ☐ Addition
NAME	GOODELL, ARTHUR, A	42 NAME		
STREET ADDRESS	3011 HERITAGE FARM COURT	43 STREET ADDRESS		
CITY-ST-ZIP	HERNDON VA	44 CITY-ST-ZIP		
TITLE	S	51 TITLE	S	☒ Change ☐ Addition
NAME	DAVID, THOMAS, K	52 NAME	Albert A. Notini	
STREET ADDRESS	2619 PADDOCK GATE CT	53 STREET ADDRESS	Six Pomeroy Road	
CITY-ST-ZIP	HERNDON VA	54 CITY-ST-ZIP	Andover, MA 01810	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, EARLE, C	62 NAME		
STREET ADDRESS	715 POTOMAC KNOLLS DR	63 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA	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: ✓ _____ **Richard L. Buckingham, Treasurer** **3/9/95** **(508)656-6217**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #