

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P18643** (7)
1. Corporation Name
COMPEX CORPORATION DBA COMPEX OF VIRGINIA, INC.

Principal Place of Business Mailing Address
5500 CHEROKEE AVENUE, S-500 **5500 CHEROKEE AVENUE, S-500**
ALEXANDRIA VA 22312 **ALEXANDRIA VA 22312**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/30/1988** 3a. Date of Last Report **04/21/1994**

4. FEI Number **54-1154027** 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 State, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, HARRY G.	12 NAME	
STREET ADDRESS	5500 CHEROKEE AVE #500	13 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA	14 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☒ Change ☐ Addition
NAME	GARCIA, AWILDA C.	22 NAME	DELETE THIS OFFICER
STREET ADDRESS	5500 CHEROKEE AVE #500	23 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA	24 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☒ Addition
NAME		32 NAME	EXECUTIVE VICE PRESIDENT
STREET ADDRESS		33 STREET ADDRESS	ANASTASIOS GIANOPLUS
CITY-ST-ZIP		34 CITY-ST-ZIP	8007 ALGARVE STREET
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		42 NAME	VICE PRESIDENT
STREET ADDRESS		43 STREET ADDRESS	WILLIAM ROOSMA
CITY-ST-ZIP		44 CITY-ST-ZIP	8611 OAK BROOK LANE
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		52 NAME	FAIRFAX-STATION, VA-22039
STREET ADDRESS		53 STREET ADDRESS	VICE PRESIDENT/CONTROLLER
CITY-ST-ZIP		54 CITY-ST-ZIP	CARL SWEETNAM
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		62 NAME	6109 LIVERPOOL LANE
STREET ADDRESS		63 STREET ADDRESS	ALEXANDRIA, VA 22315
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 110.07(3)(b), 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:

CARL-SWEETNAM - VICE PRESIDENT/CONTROLLER (703)

642-5910

SIGNATURE AND TYPED OR PRINTED NAME OF GOVERNMENT OFFICIAL ON DIRECTOR