

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P25766 (7)

1. Corporation Name

NICHOLS RESEARCH CORPORATION



Principal Place of Business

MADISON COUNTY.
4040 MEMORIAL PARKWAY, SO..
HUNTSVILLE AL 35802-1326

Mailing Address

MADISON COUNTY.
4040 MEMORIAL PARKWAY, SO..
HUNTSVILLE AL 35802-1326

3. Date Incorporated or Qualified
08/28/1989

3a. Date of Last Report
04/28/1995

4. FEI Number

63-0713665

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

Signature, typed or printed name of registered agent and block 14 only

(NOTE: Registered Agent Signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
CED
HORGAN, CHRIS H.
STREET ADDRESS
4040 MEMORIAL PKWY. S.
CITY-STATE-ZIP
HUNTSVILLE AL

TITLE ☐ DELETE

NAME
VPS
HATTOX, PATSY L.
STREET ADDRESS
4040 MEMORIAL PKWY. S.
CITY-STATE-ZIP
HUNTSVILLE AL

TITLE ☐ DELETE

NAME
CFO
DILLARD, ALLEN
STREET ADDRESS
4040 MEMORIAL PKWY. S.
CITY-STATE-ZIP
HUNTSVILLE AL 35802

TITLE ☐ DELETE

NAME
D
HEINISCH, ROGER P.
STREET ADDRESS
4040 MEMORIAL PKWY. S.
CITY-STATE-ZIP
HUNTSVILLE AL 35802

TITLE ☐ DELETE

NAME
D
WYNN, JOHN R.
STREET ADDRESS
200 W. CT. ST. #5000
CITY-STATE-ZIP
HUNTSVILLE AL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

PD
Mike Mruz
4040 Memorial Pkwy. S.
Huntsville, AL 35802

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allen E. Dillard

Chief Financial Officer

4/4/96

(205)883-1140

Date

Daytime Phone #

CR2E034 (12/95)