

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 9:12

DOCUMENT # P27501 (6)

1. Corporation Name

VINNELL CORPORATION OF DELAWARE

Principal Place of Business

12150 E MONUMENT DR
SUITE 800
FAIRFAX VA 22033-053
US

Mailing Address

12150 E. MONUMENT DRIVE
SUITE 800
FAIRFAX VI 22033-4053
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/29/1989

3a. Date of Last Report

03/10/1994

4. FEI Number

95-1473529

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 PD
NAME WOODLE, ROY V
STREET ADDRESS 12150 E. MONUMENT DR, SUITE 800
CITY-ST-ZIP FAIRFAX VA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VT
NAME BROCCO, JAMES M.
STREET ADDRESS 12150 E. MONUMENT DR, SUITE 800
CITY-ST-ZIP FAIRFAX VA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME O'MELIA, KEVIN M.
STREET ADDRESS 12150 E. MONUMENT DR, SUITE 800
CITY-ST-ZIP FAIRFAX VA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME CONWAY, WILLIAM E., JR.
STREET ADDRESS 12150 E MONUMENT DR, SUITE 800
CITY-ST-ZIP FAIRFAX VA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME CARLUCCI, FRANK C
STREET ADDRESS 12150 E. MONUMENT DR, SUITE 800
CITY-ST-ZIP FAIRFAX VA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME WEATHERSBY, RUSSELL A
STREET ADDRESS 12150 E MONUMENT DR., SUITE 800
CITY-ST-ZIP FAIRFAX VA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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)(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: Kevin M. O'Melia Kevin M. O'Melia

1/24/95

(703)385-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #