

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P27501 (6)
1. Corporation Name
VINNELL CORPORATION OF DELAWARE



Principal Place of Business 12150 E MONUMENT DR SUITE 800 FAIRFAX VA 22033-4053 US	Mailing Address 12150 E. MONUMENT DRIVE SUITE 800 FAIRFAX VI 22033-4053 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/29/1989 4. FEI Number 95-1473529 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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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 85 Zip Code FL			
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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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	WOODLE, ROY V	12 NAME	
STREET ADDRESS	12150 E. MONUMENT DR, SUITE 800	13 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE	
NAME	BROCCO, JAMES M.	22 NAME	
STREET ADDRESS	12150 E. MONUMENT DR. SUITE 800	23 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	
NAME	O'MELIA, KEVIN M.	32 NAME	
STREET ADDRESS	12150 E. MONUMENT DR, SUITE 800	33 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	34 CITY-ST-ZIP	
TITLE		41 TITLE	Director
NAME		42 NAME	Philip A. Odeen
STREET ADDRESS		43 STREET ADDRESS	12150 E Monument Dr, Suite 800
CITY-ST-ZIP		44 CITY-ST-ZIP	Fairfax, VA 22033
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 _____ Kevin M. O'Melia 5/11/98 5/11/98

CR2E034 (10/97)