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FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P27609 (7)

1. Corporation Name
GEOTRANS, INC.

Principal Place of Business	Mailing Address
46050 MANEKIN PLAZA STE 100 STERLING VA 20166 US	46050 MANEKIN PLAZA STE 100 STERLING VA 20166-6519 US

3. Date Incorporated or Qualified: 01/08/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 46050 Manekin Plaza
22 Suite, Apt. #, etc.: Ste 100
23 City & State:
24 Zip: 25 Country:

2a. Mailing Address
26: Same
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

4. FEI Number: 54-1120716 ☐ 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 applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	MERCER, JAMES W		1.2 NAME	Albea, Michelle	
STREET ADDRESS	11373 SENECA KNOLL DR.		1.3 STREET ADDRESS	6616 Smiths Trace	
CITY-ST-ZIP	GREAT FALLS VA 22066		1.4 CITY-ST-ZIP	Centerville, VA 22020	
TITLE	VD	☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	GUSWA, JOHN H		2.2 NAME	Andersen, Peter	
STREET ADDRESS	8 OLD MEADOW LANE		2.3 STREET ADDRESS	13325 Providence Lake Dr.	
CITY-ST-ZIP	HARVARD MA 01451		2.4 CITY-ST-ZIP	Alpharetta, GA 30201	
TITLE	STD	☐ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	FAUST, CHARLES R.		3.2 NAME	Jaska, James	
STREET ADDRESS	219 BRECKENRIDGE DR		3.3 STREET ADDRESS	630 N. Rosemead Blvd.	
CITY-ST-ZIP	WINCHESTER VA 22061		3.4 CITY-ST-ZIP	Pasadena, CA 91107	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WADDELL, RICHARD K.		4.2 NAME		
STREET ADDRESS	4950 LEE HILL RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOULDER CO 80304		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HWANG, LI-SAN		5.2 NAME		
STREET ADDRESS	630 NORTH ROSEMEAD BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PASADENA CA		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WARD, DAVID S		6.2 NAME		
STREET ADDRESS	RT 1 BOX 195A		6.3 STREET ADDRESS		
CITY-ST-ZIP	LOVETTESVILLE VA		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [illegible] Albea 5/6/97