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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90127 032 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27609

1. Corporation Name
HSI GEOTRANS, INC.

Principal Place of Business

8
STE 100
STERLING VA 20166
US

Mailing Address

46050 MANEKIN PLAZA STE 100
STERLING VA 20166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1990

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 46050 manekin Plaza

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Sterling VA

Zip

24 20166

Country

25 Loudoun

City & State

Zip

Country

29

Country

30

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MERCER, JAMES W
STREET ADDRESS 11373 SENECA KNOLL DR.
CITY-ST-ZIP GREAT FALLS VA 22066

TITLE VD ☐ DELETE

NAME GUSWA, JOHN H
STREET ADDRESS 8 OLD MEADOW LANE
CITY-ST-ZIP HARVARD MA 01451

TITLE STD ☐ DELETE

NAME FAUST, CHARLES R.
STREET ADDRESS 219 BRECKENRIDGE DR
CITY-ST-ZIP WINCHESTER VA 22061

TITLE VD ☐ DELETE

NAME WADDELL, RICHARD K.
STREET ADDRESS 4950 LEE HILL RD.
CITY-ST-ZIP BOULDER CO 80304

TITLE D ☐ DELETE

NAME HWANG, LI-SAN
STREET ADDRESS 630 NORTH ROSEMEAD BLVD.
CITY-ST-ZIP PASADENA CA

TITLE V ☒ DELETE

NAME WARD, DAVID S
STREET ADDRESS RT 1 BOX 195A
CITY-ST-ZIP LOVETTESVILLE VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME VICE President
6.3 STREET ADDRESS michelle Aiber
6.4 CITY-ST-ZIP 46050 manekin Plaza Ste. 100
Sterling VA 20166

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)