ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P28375 (4)

FILED
95 MAY -1 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
DUAL & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2101 WILSON BLVD SUITE 600 ARLINGTON VA 22201	2101 WILSON BLVD SUITE 600 ARLINGTON VA 22201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1990
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

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

4. FEI Number: 52-1323238 ☐ 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

HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE
SUITE 200
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 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	PTD	1.1 TITLE		☐ Change ☐ Addition
NAME	DUAL, J. FRED JR.	1.2 NAME		
STREET ADDRESS	2101 WILSON BLVD., #600	1.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		■ Change ☐ Addition
NAME	NEAL, CARLA B.	2.2 NAME	LOMAX, CARLA NEAL	
STREET ADDRESS	2101 WILSON BLVD., #600	2.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	TYLER, GARY R.	3.2 NAME		
STREET ADDRESS	2101 WILSON BLVD., #600	3.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	STAFFORD, THOMAS	4.2 NAME		
STREET ADDRESS	1006 CAMERON ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	PIERRE, PERCY	5.2 NAME		
STREET ADDRESS	2445 EMERALD LAKE DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	EAST LANSING MI	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		■ Change ☐ Addition
NAME	JONES, KENNETH J	6.2 NAME	(DELETE)	
STREET ADDRESS	2101 WILSON BLVD #600	6.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON FL	6.4 CITY-ST-ZIP		

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)(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: Carla Neal Lomax 4-19-95 703-522-3500 X337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0307012 FP