FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P28375** **(4)**

1. Corporation Name
DUAL & ASSOCIATES, INC.

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

Mailing Address
2101 WILSON BLVD
SUITE 600
ARLINGTON VA 22201

3. Date Incorporated or Qualified: 03/05/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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 ______

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	DUAL, J. FRED JR.	
STREET ADDRESS	2101 WILSON BLVD., #600	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	S	☐ DELETE
NAME	LOMAX, CARLA NEAL	
STREET ADDRESS	2101 WILSON BLVD., #600	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	VD	■ DELETE
NAME	TYLER, GARY R.	
STREET ADDRESS	2101 WILSON BLVD., #600	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	D	☐ DELETE
NAME	STAFFORD, THOMAS	
STREET ADDRESS	1006 CAMERON ST	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	D	☐ DELETE
NAME	PIERRE, PERCY	
STREET ADDRESS	2445 EMERALD LAKE DRIVE	
CITY-ST-ZIP	EAST LANSING MI	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		■ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	30 SKYLINE DRIVE	
1.4 CITY-ST-ZIP	LAKE MARY, FLORIDA 32746	
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		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(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: Carla Neal Lomax
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 Date
703/875-9337 Daytime Phone #