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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ☐ DELETE	1.1 TITLE	■ Change ☐ Addition
NAME	DUAL, J. FRED JR.	1.2 NAME	
STREET ADDRESS	2101 WILSON BLVD., #600	1.3 STREET ADDRESS	30 SKYLINE DRIVE
CITY-ST-ZIP	ARLINGTON VA	1.4 CITY-ST-ZIP	LAKE MARY, FLORIDA 32746
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LOMAX, CARLA NEAL	2.2 NAME	
STREET ADDRESS	2101 WILSON BLVD., #600	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	2.4 CITY-ST-ZIP	
TITLE	VD ■ DELETE	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 ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STAFFORD, THOMAS	4.2 NAME	
STREET ADDRESS	1006 CAMERON ST	4.3 STREET ADDRESS	300001826293
CITY-ST-ZIP	ALEXANDRIA VA	4.4 CITY-ST-ZIP	-05/20/96--01002--000
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PIERRE, PERCY	5.2 NAME	***200.00
STREET ADDRESS	2445 EMERALD LAKE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	EAST LANSING MI	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5-1-96

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: _____ 4/29/96 703/875-9337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)