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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **p29075**
1. Corporation Name
ANALEX CORPORATION

Principal Place of Business Mailing Address
5095 S WASHINGTON AVE #103 TITUSVILLE, FL 32780

3. Date Incorporated or Qualified **04/23/1990** 3a. Date of Last Report **02/21/94**
4. FEI Number **31-1294215** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE, FL 32301**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 must be printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C/D	C/D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lese Ann Patterson Kodger	12. NAME	
STREET ADDRESS	5095 S Washington Ave #103	13. STREET ADDRESS	
CITY ST ZIP	Titusville, FL 32780	14. CITY ST ZIP	
TITLE	V/T	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David E. Nowak	22. NAME	
STREET ADDRESS	5095 S Washington Ave #103	23. STREET ADDRESS	
CITY ST ZIP	Titusville, FL 32780	24. CITY ST ZIP	
TITLE	S	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexander G. Patterson	32. NAME	
STREET ADDRESS	3001 Aerospace Pkwy	33. STREET ADDRESS	
CITY ST ZIP	Brookpark, Ohio 44142	34. CITY ST ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY ST ZIP		44. CITY ST ZIP	
TITLE	P	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence L. Gooch	52. NAME	
STREET ADDRESS	3001 Aerospace Pkwy	53. STREET ADDRESS	
CITY ST ZIP	Brookpark, Ohio 44142	54. CITY ST ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY ST ZIP		64. CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exceptions stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information submitted 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: **David E. Nowak, David E. Nowak** 5/12/95 407-383-0901
SIGNATURE AND TITLE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR