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Feb 12 1996 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P29075 (9)

1. Corporation Name
ANALEX CORPORATION



Principal Place of Business: **5095 S.WASHINGTON AVE SUITE 103 TITUSVILLE FL 32780**

Mailing Address: **5095 S.WASHINGTON AVE SUITE 103 TITUSVILLE FL 32780**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/23/1990	3a. Date of Last Report 05/23/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 31-1294215	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 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
 85. Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	KODGER, LESE ANN PATTE	
STREET ADDRESS	5095 S WASHINGTON AVE #103	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	NOWAK, DAVID E	
STREET ADDRESS	5095 S WASHINGTON AVE #103	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PATTERSON, ALEXANDER G	
STREET ADDRESS	3001 AEROSPACE PKWY	
CITY-ST-ZIP	BROOK PARK OH	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GOOCH, LAWRENCE L	
STREET ADDRESS	3001 AEROSPACE PKWY	
CITY-ST-ZIP	BROOK PARK OH	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PETRASH, DONALD A	
STREET ADDRESS	3001 AEROSPACE PKWY	
CITY-ST-ZIP	BROOK PARK OH	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KEMPKE, ERWIN	
STREET ADDRESS	3001 AEROSPACE PKWY	
CITY-ST-ZIP	BROOK PARK OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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: *David E Nowak* **1/29/96** (407) **383-0901**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)