

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90167 046 \*\*\*150.00

**DOCUMENT # P29075**

1. Entity Name

**ANALEX CORPORATION**

Principal Place of Business 6770 SOUTH U.S. HIGHWAY 1 SUITE 1 TITUSVILLE FL 32780	Mailing Address 6770 SOUTH U.S. HIGHWAY 1 SUITE 1 TITUSVILLE FL 32780-8049
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>31-1294215</b>	Applied For-- <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		<b>FL</b>		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KODGER, LESE ANN PATTE			NAME	Kodger, lese Ann		
STREET ADDRESS	3001 AEROSPACE PKWY.			STREET ADDRESS			
CITY-ST-ZIP	BROOK PARK OH			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOWAK, DAVID E.			NAME	6770 South US Hwy 1		
STREET ADDRESS	5095 S WASHINGTON AVE #103			STREET ADDRESS	Suite 1		
CITY-ST-ZIP	TITUSVILLE FL			CITY-ST-ZIP	Titusville, FL 32780		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATTERSON, ALEXANDER G			NAME			
STREET ADDRESS	3001 AEROSPACE PKWY			STREET ADDRESS			
CITY-ST-ZIP	BROOK PARK OH			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *David E. Nowak* **REQUIRED** **David E. Nowak** 1/5/00 321-383-0901  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/99)