## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	1996		DIVISION OF C	ORPOR	ATIONS					
DOCUN 1. Corporation	MENT# P	30091	(3)							
		SERVICES, INC	<b>.</b>							
אטט בו	INVITATION IN THE I	)	<b>,</b>							
Principal Place o	of Business		ailing Address							
5025 BRADFORD BLVD. 5025 CUMMINGS RESEARCH PARK CUMM			5025 BRADFORD BLVD	l.						
			CUMMINGS RESEARCH PARK							
HUNTSVILLE	AL 35805		HUNTSVILLE AL 35805				3. Date Incorporated or Qualified		of Last Re	
							07/09/1990		3/07/199	
2. Principa! Pla	ce of Business	Fn	Mailing Address				4. FEI Number 63-0915385		<u> </u>	pplied For lot Applicable
21 Suite, Apt. #		26]	Suite Ant # etc						1	Additional
22 Suite, AÇR #	. 60.	27	Conto, rept. II, etc.				5. Certificate of Status Desired			tequired
City & State			City & State				6. Election Campaign Financing			May Be
23		28		· · · · · ·			Trust Fund Contribution			to Fees
Z)p	├─¹	<b>├</b> ─┐	Zip	30	intry		This corporation has liability for information Florida Statutes	ntangibie ta No	ax under s	199.032,
24			stered Agent	[30]	Γ		10. Name and Address of New R		Agent	
					81 Name		<u> </u>			
CT COF	RPORATION SYSTEM				82 Street A	Addres	ss (P.O. Box Number is Not Acceptab	le)		
	PINE ISLAND ROAD									
PLANTA	\TION FL 33324				83					
		RONMENTAL SERVICES, INC.  Sinoss  Mailing Address  BLVD.  ARCH PARK BS805  BUSINESS  BLUD.  ARCH PARK BS805  BLUD.  CUMMINGS RESEARCH HUNTSVILLE AL 35805  Country  Za. Mailing Address  26.  Suite, Apt. #, etc.  27.  City & Stato  28.  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi			84 City			FL	85 Zip	Code
		ss 602 0500 and 60	07 1509 Florida Statute	e the ah	we named co	vrnora	ion submits this statement for the pur	pose of ch	anging its re	eaistered office
or registere	ed agent, or both, in the	State of Florida. Suc	th change was authorize	d by the	corporation's	board	of directors. I hereby accept the app	ointment as	s registered	agent. I am
familiar Wil	h, and accept the obliga	tions of, Section 607	.0505, Figrida Statutes.							
SIGNATURE.					Agent signature n	ворытею	when reinstating! ADDITIONS/CHANGES TO OFF	DATE	N DIDECTO	DC IN 12
12.	· · · · · · · · · · · · · · · · · · ·	FFICERS AND DIRE		13.	IITLE	TV 3	ce President		Change	Addition
TITLE NAME	'-				IAME		1ph Petroff		<b>4</b> .3 · · ·	-
NAME: STREET ADDRESS				i i	TREET ADDRESS		25 Bradford Blvd.			
CITY - \$1 - 7P		DE 10.		1.4 (	CITY-ST-ZIP	Hu	ntsville, AL			
TIT.F	V		DELETE	2 1	TITLE	ı	esident		☐ Change	Addition
NAME	PETROFF, MARK			221	IAME		omas H. Neel			
STREET ADDRESS		BLVD.		1	TREET ADDRESS		25 Bradford Blvd.			
Crty+\$1+ZiP			CD DETEIL		CITY-ST-ZIP TITLE		ntsville, AL · VP- Finance		Change	Addition
11115		va	Dotter		IAME					Α.
NAME STRICE: ADDRESS					STREET ADDRESS	₩ 1	lliam L. Sheets			
CITY ST ZIP	HUNTSVILLE AL			1	CITY-S1-ZIP	L				
1006	T		DELETE	4, 1	TITLE				Change	Addition
NAM <del>f</del>					NAME					
S'HEET ADORESS		BOULEVARD			STREET ADDRESS					
CITY-ST-Zif	+ · · · · · · · · · · · · · · · · · · ·		ר ח הבונו		DITY-ST-ZIP				Change	Addition
THEF		HAM T			TITLE NAME				had allerige	
NAME STREET ADDRESS					STREET ADOFESS					
CITY - ST-7IP		111661			DITY-ST-ZIP					
THE	<del></del>		☐ DELETE		TITLE	T			☐ Change	Addition
NeMf		LES E.		6?	NAME	1				
STHEFT ADDRESS		STREET			STREET ADDRESS					
CITY ST-ZIP	STAMFORD CT	<del> </del>		6.4	CITY-ST-ZIP	nlift : 4-	the exemption stated in Section 110	07/31/L) F	torida Statut	tes I further
l. <b>14</b> . Uda heret	by certify that the informa	tion supplied with th	is tiling is voluntarily furr	iisned ani	ades not qu	ангу 10	i the exemption stated in acciton 11s	vo raklaklak	winda Gialdi	Consideration

roundertry certify that the information supplies with this sining is voluntarily furnished and does not quality for the exemption stated in section 119.07(5)(k), Fronds Statutes Frontier 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 cath, 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.

T Jule William T. Reynolds

2/12/96

203-326-5200

Daytime Phone #