

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:16

DOCUMENT # P30512 (8)

1. Corporation Name

MEMBERSHIP SERVICES, INC.

Principal Place of Business

1765 BUSINESS CTR DR #100
RESTON VA 22090

Mailing Address

1765 BUSINESS CTR DR #100
RESTON VA 22090

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/24/1990

3a. Date of Last Report

02/16/1994

4. FEI Number

54-1068564

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

THP
110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
The Prentice Hall Corp. System, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
83 Suite 105
84 City
Tallahassee
85 Zip Code
FL 32301

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

(Signature typed or printed name of registered agent and the corporation)

(DATE) (Registered Agent signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CTP
NAME	CAMPBELL, FLOYD J.
STREET ADDRESS	8380 GREENSBORO DR. #212
CITY- ST- ZIP	MCLEAN VA
TITLE	D
NAME	MCCLOSKEY, PETER F.
STREET ADDRESS	7625 BURFORD DR.
CITY- ST- ZIP	MCLEAN VA
TITLE	D
NAME	PRICE, ROBERT V.
STREET ADDRESS	9012 SEVEN LOCKS RD.
CITY- ST- ZIP	BETHESDA, MD, VA
TITLE	VS
NAME	THOMPSON, BETH S.
STREET ADDRESS	PO BOX 2271
CITY- ST- ZIP	LEESBURG VA
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

(Signature typed or printed name of officer or director)

Jan 31 1995 (703) 438-3000