

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified: 07/24/1990  
3a. Date of Last Report: 02/14/1995  
4. FLI Number: 54-1068564  
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 (21-24) and Mailing Address (2a-30) details including Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**THE PRENTICE HALL CORP. SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: typed or printed name of registered agent and the filer (4/1/95) (4/1/95) Registered Agent signature required when registered.

12. OFFICERS AND DIRECTORS

TITLE	CTP	<input type="checkbox"/> DELETE
NAME	CAMPBELL, FLOYD J.	
STREET ADDRESS	8380 GREENSBORO DR. #212	
CITY-STATE-ZIP	MCLEAN VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCLOSKEY, PETER F.	
STREET ADDRESS	7625 BURFORD DR.	
CITY-STATE-ZIP	MCLEAN VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, ROBERT V.	
STREET ADDRESS	9012 SEVEN LOCKS RD.	
CITY-STATE-ZIP	BETHESDA, MD, VA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	THOMPSON, BETH S.	
STREET ADDRESS	PO BOX 2271	
CITY-STATE-ZIP	LEESBURG VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: Beth S. Thompson 2/28/96 540 972 3842  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)