Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90002 048 ***158.75

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P30512 1. Corporation Name

MEMBERSHIP SERVICES, INC.

Principal Place	of Business	Mailing Address				10 1101 01011 010	() BIBN 91917 BI	ali 4:8:1 (20)
1767 BUSINESS CTR DR 1767 BUSINES		1767 BUSINESS CTR SR	S CTR SR					
SUITE 150 #150			i		DO NOT WRI	TE IN THIS S	SPACE	
RESTON VA 20190 RESTON VA 20190		US			3. Date Incorporated or Qualifed			
US		00			07/24/1990			}
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Apr	plied For
—	age of Basilloos	26			54-1068564		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 A	dditional	
22		27		5. Certificate of Status Desired		Fee Re	quired	
City & State		City & State		6 Election Campaign Financing			May Be	
23		28		Trust Fund Contribution		Added to	<u> Fees</u>	
Zip			Country	!	8. This corporation owes the curr			
24	25 29 30		30		Personal Property Tax. 10. Name and Address of New F			Privo
	9. Name and Address of Current	Registered Agent	81	Name	10. Haine and Address of Hem .	togistered r	·gon	
THE	PRENTICE HALL CORP. SYSTEM	INC.					·	
1201 HAYS STREET			82	Street A	Address (P.O. Box Number is Not Accepta	ible)]
	E 105		83					
	AHASSEE FL 32301						T==1 =0 2	
	•		84	City		FL	85 Zip C	ode
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was au	itnorized dy	tne corpo	corporation submits this statement for the ration's board of directors. I hereby accept	purpose of control of the appoint	hanging its tment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	nt signature re	quired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND		RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	NORMAN, ROBERT E		1.2 NAME					
STREET ADDRESS	2513 CAMBERWELL CT			TADDRESS				
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP			Change	Addition
TITLE			2.1 TITLE	İ				
NAME	MCCLOSKEY, PETER F. 7625 BURFORD DR.		2.2 NAME	T ADDRESS				
STREET ADDRESS	MCLEAN VA							
CITY-ST-ZIP TITLE	VP C	DELETE	2.4 CITY- 3.1 TITLE	31-ZIF			Change	Addition
NAME	HARRIS, DANNY R Den	n.c	32 NAME					
STREET ADDRESS	20779 WELLHOUSE CT	7	B	T ADDRESS				
CITY-ST-ZIP	ASHBURN VA 20147		3,4 CITY-				_	
TITLE	VP	☐ DELETE	4 1 TITLE				☐ Change	Addition
NAME	THOMPSON, BETH S		4. 2 NAME					
STREET ADDRESS	EVERGREEN MILL RD		4 3 STREE	TADDRESS				
CITY-ST-ZIP	LEESBURG VA 20175		4.4 CITY-	ST-ZIP				
TITLE			5.1 TITLE		Sccretary, Treasur	er	☐ Change	Addition
NAME	NORMAN, ROBERT E.	• •	5.2 NAME	[William 'H. Stec	le Jr	•	
STREET ADDRESS	2513 CAMBERWELL CR		5.3 STREE	TADDRESS	6000 Douthwald	way		
CITY-ST-ZIP	HERNDON VA		5.4 CITY-	ST-ZIP	Alexandria, VA 22	<u> </u>		
TITLE	D	DELETE	6.1 TITLE	ľ	Dire ctor		☐ Change	ddition
NAME	HARRIS, DENNY R.	·	6 2 NAME	T 40000000	Leona R. Campbe 18044 Loma Ale	000		
STREET ANDRESS	1672 GLOUCESTER CT		0.3 5 (KE)	T ADDRESS	18044 Loma Hie	~\` \		

14. 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 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE: