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

APPROVED AND FILED

95 MAY -1 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32978** **(9)**

1. Corporation Name
EATON DESIGN GROUP, INC.

Principal Place of Business	Mailing Address
8115 OLD DOMINION DR SUITE 100 MCLEAN VA 22102 US	8115 OLD DOMINION DR SUITE 100 MCLEAN VA 22102 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/27/1991**
3a. Date of Last Report: **03/29/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **54-1234526** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	V ☐ Change ☒ Addition
NAME	EATON, FRANKLIN S.	12 NAME	CHAVES, DAMIEN E.
STREET ADDRESS	8012 GREENWICH WOODS DR.	13 STREET ADDRESS	9331 OLD BURKE LAKE ROAD
CITY ST ZIP	MCLEAN VA	14 CITY ST ZIP	BURKE, VA 22015
TITLE	CD	21 TITLE	V ☐ Change ☒ Addition
NAME	EATON, FRANKLIN S.	22 NAME	SCHIRO, BELLA LARUE
STREET ADDRESS	8012 GREENWICH WOODS DR.	23 STREET ADDRESS	438 MECHANIC STREET
CITY ST ZIP	MCLEAN VA	24 CITY ST ZIP	LURAY, VA 22836
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	EATON, BONNIE B.	32 NAME	
STREET ADDRESS	8012 GREENWICH WOODS DR.	33 STREET ADDRESS	
CITY ST ZIP	MCLEAN VA	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HERGE, J. CURTIS	42 NAME	
STREET ADDRESS	35 RUTHERFORD CIRCLE	43 STREET ADDRESS	
CITY ST ZIP	STERLING VA	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	INTERNICOLA, GARY W.	52 NAME	
STREET ADDRESS	5620 GAINES STREET	53 STREET ADDRESS	
CITY ST ZIP	BURKE VA	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	EATON, SETH D	62 NAME	
STREET ADDRESS	8012 GREENWICH WOODS DR	63 STREET ADDRESS	
CITY ST ZIP	MCLEAN VA	64 CITY ST ZIP	

6/12

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)(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 added on an attachment with an (A) before it.

SIGNATURE: J Franklin S Eaton 4-12-95 703-7908444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0397007 FP