

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90212 021 ***150.00

DOCUMENT # **P32978**

1. Corporation Name
EATON DESIGN GROUP, INC.

Principal Place of Business

8115 OLD DOMINION DR
SUITE 100
MCLEAN VA 22102
US

Mailing Address

8115 OLD DOMINION DR
SUITE 100
MCLEAN VA 22102
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1991

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE V ☒ DELETE

NAME PAGE, WALTER S
STREET ADDRESS 3607 OLD VERNON CT
CITY-ST-ZIP ALEXANDRIA VA 22309

TITLE CD ☐ DELETE

NAME EATON, FRANKLIN S.
STREET ADDRESS 8012 GREENWICH WOODS DR.
CITY-ST-ZIP MCLEAN VA

TITLE VSD ☐ DELETE

NAME EATON, BONNIE B.
STREET ADDRESS 8012 GREENWICH WOODS DR.
CITY-ST-ZIP MCLEAN VA

TITLE D ☒ DELETE

NAME HERGE, J. CURTIS
STREET ADDRESS 35 RUTHERFORD CIRCLE
CITY-ST-ZIP STERLING VA

TITLE D ☒ DELETE

NAME EATON, SETH D
STREET ADDRESS 8012 GREENWICH WOODS DR
CITY-ST-ZIP MCLEAN VA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition

1.2 NAME Kenneth I. Britz
1.3 STREET ADDRESS 8436 Black Stallion Place
1.4 CITY-ST-ZIP Vienna, VA 22182

2.1 TITLE M ☐ Change ☒ Addition

2.2 NAME Ann M. Quist
2.3 STREET ADDRESS 11 Photina Court # 201
2.4 CITY-ST-ZIP Winter Springs, FL 32708

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(703) 790-8444

CR2E034 (11/98)