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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

TDG, INC.

Principal Place of Business

Mailing Address

with an address

700 N. FAIRFAX ST., SUITE 500 **ALEXANDRIA VA 22314** 

Block 12 or Block 13 if changer, or on an

700 N. FAIRFAX ST., SUITE 500 ALEXANDRIA VA 22314

## FILED Feb 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/26/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 700 N. FAIRFAX 700 N. FAIRFAX ST 54-1346025 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 604 SUITE SULTE 604 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be ALEXANDRIA ALEXANDRIA V٨ 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 22314 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SKIPP, DAVID F. 5100 SW 85TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** 83 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed harm of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaing) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 TITLE PEDERSEN, DARRYL N. NAME 1.2 NAME **801 RIVERGATE PL** STREET ADDRESS 1.3 STREET ADDRESS **ALEXANDRIA VA** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE **Change** Addition 2.1 TITLE SKIPP, DAVID F. NAME 2.2 NAME 5100 SW 85 TH 1500 SW 85TH STREET STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change NAME 3.2 NAME OLAVE, MANUEL STREET ADDRESS MGA,000,0078, P.O BOX 025362 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP □ DELETE TITLE 61 THILE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with t indicated on this annual report or supplemental an officer or director of the corporation or the received. s filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

hual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in