·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 # **P34217** **(0)**

1. Corporation Name

ALLTECH OPERATIONS INC.

Principal Place of Business	Mailing Address
475 SPRING PARK PLACE HERNDON VA 22070	ONE PENN PLAZA ATTN: K. CURRAN NEW YORK NY 10119 US

3. Date Incorporated or Qualified: 06/06/1991	3a. Date of Last Report: 05/01/1995
4. FEI Number: 54-1499986	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 465 Spring Park Place	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 Herndon, VA	28 City & State
24 22070 Zip / 25 US Country	29 Zip / 30 Country

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 _____ DATE _____
Signature, typed or printed name of Registered Agent and title, if applicable (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	NOAKES, R.C.		1.2 NAME		
STREET ADDRESS	475 SPRING PARK PLACE		1.3 STREET ADDRESS	465 Spring Park Place	
CITY-ST-ZIP	HERNDON VA		1.4 CITY-ST-ZIP	Herndon, VA 22070	
TITLE	P	☐ DELETE	2.1 TITLE	AVP	☑ Change ☐ Addition
NAME	WILSON, J.A.		2.2 NAME		
STREET ADDRESS	475 SPRING PARK PLACE		2.3 STREET ADDRESS	465 Spring Park Place	
CITY-ST-ZIP	HERNDON VA 22070		2.4 CITY-ST-ZIP	Herndon, VA 22070	
TITLE	D	☒ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	PRIETO, R		3.2 NAME	D.A. McAlister	
STREET ADDRESS	ONE PENN PLAZA		3.3 STREET ADDRESS	301 North Charles Street, Suite 200	
CITY-ST-ZIP	NEW YORK NY 10119		3.4 CITY-ST-ZIP	Baltimore, MD 21201	
TITLE	V	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	RISHER, J. S.		4.2 NAME		
STREET ADDRESS	475 SPRING PARK PLACE		4.3 STREET ADDRESS	465 Spring Park Place	
CITY-ST-ZIP	HERNDON VA		4.4 CITY-ST-ZIP	Herndon, VA 22070	
TITLE	AS	☐ DELETE	5.1 TITLE	S	☑ Change ☐ Addition
NAME	CURRAN, K.J.		5.2 NAME		
STREET ADDRESS	ONE PENN PLAZA		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10119		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE	C	☑ Change ☐ Addition
NAME	SNOWDEN, G.M.		6.2 NAME	D.L. Thornhill	
STREET ADDRESS	475 SPRING PARK PLACE		6.3 STREET ADDRESS	One Penn Plaza	
CITY-ST-ZIP	HERNDON VA		6.4 CITY-ST-ZIP	New York, NY 10119	

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: Kevin J. Curran Kevin J. Curran 5/2/96 (212) 465-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #