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 AM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38757 (1)

1. Corporation Name
JAMES MARTIN & CO., INC.

Principal Place of Business
2100 RESTON AVENUE, SUITE 300
RESTON VA 22091

Mailing Address
2100 RESTON AVENUE, SUITE 300
RESTON VA 22091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1992
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 54-1253757 ☐ 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**

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
STE - 105
TALLAHASSEE FL 32301

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 607.0902 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 ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	CEO	☒ Change ☐ Addition
NAME	WYATT, JOHN L.	1.2 NAME		
STREET ADDRESS	5300 GEORGE MCKAY LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX VA	1.4 CITY-ST-ZIP		
TITLE	~~VD~~	2.1 TITLE	President/COO	☒ Change ☐ Addition
NAME	GOLDHAMMER, JOEL	2.2 NAME		
STREET ADDRESS	9720 CERALENE DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX VA	2.4 CITY-ST-ZIP		
TITLE	~~TD~~	3.1 TITLE	CFO	☒ Change ☐ Addition
NAME	DASTOR, KERSY B	3.2 NAME		
STREET ADDRESS	1222 RAYMOND AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	Vice President - Admin	☐ Change ☒ Addition
NAME		4.2 NAME	Debra K. Brown	
STREET ADDRESS		4.3 STREET ADDRESS	2100 Reston Pkwy, Ste 300	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Reston VA 22091	
TITLE		5.1 TITLE	Asst Secretary - Treasurer	☐ Change ☒ Addition
NAME		5.2 NAME	Gerald H. Gruber	
STREET ADDRESS		5.3 STREET ADDRESS	2100 Reston Pkwy, Ste 300	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Reston VA 22091	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 the 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: Gerald H. Gruber 5/1/95 (703) 620-9504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #
Gerald H. Gruber

0397683 FP