

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3: 23

DOCUMENT # P39670 (5)

1. Corporation Name

ECONOMIC ANALYSIS CORPORATION

Principal Place of Business

2100 M STR NW
STE 618
WASHINGTON DC 20037
US

Mailing Address

PO BOX 65480
WASHINGTON DC 20035
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1992

3a. Date of Last Report

03/03/1994

4. FEI Number

52-1391058

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 (1)(C),
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MCDONALD, JOHN LENOX, P.A.
2875 SOUTH OCEAN BLVD
PALM BEACH FL 33480

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 the corporation

Signature typed or printed name of registered agent and the corporation

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N/A)	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	SOMERS, EDWIN H., JR.	1.2 NAME	
STREET ADDRESS	2100 M STREET NW	1.3 STREET ADDRESS	
CITY, ST, ZIP	WASHINGTON DC	1.4 CITY, ST, ZIP	
TITLE	VCD	2.1 TITLE	☐ Change ☐ Addition
NAME	SOMERS, CHRISTA D.	2.2 NAME	
STREET ADDRESS	2100 M STREET NW	2.3 STREET ADDRESS	
CITY, ST, ZIP	WASHINGTON DC	2.4 CITY, ST, ZIP	
TITLE	PS	3.1 TITLE	☐ Change ☐ Addition
NAME	SOMERS, EDWIN H., JR.	3.2 NAME	
STREET ADDRESS	2100 M STREET NW	3.3 STREET ADDRESS	
CITY, ST, ZIP	WASHINGTON DC	3.4 CITY, ST, ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	SOMERS, CHRISTA D.	4.2 NAME	
STREET ADDRESS	2100 M STREET NW	4.3 STREET ADDRESS	
CITY, ST, ZIP	WASHINGTON DC	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
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 199.02(4) of the 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, and I am not an employee of the corporation, and that this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in the attached with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWIN H. SOMERS, JR.

February 17, 1995

202 - 293-1635

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