SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL -7 AM 9:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P93000031004 (3)

1. Corporation Name
CALLISTO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
13600 STEPNEY LN CHANTILLY VA 22021 US	13600 STEPNEY LN CHANTILLY VA 22021 US

3. Date Incorporated or Qualified: 04/28/1993
3a. Date of Last Report: 05/19/1994

4. FEI Number: 52-1825643 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1395 Taurus Court	26 1395 Taurus Court
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Merritt Island, FL	28 City & State: Merritt Island, FL
24 Zip: 32953 — 25 Country: USA	29 Zip: 32953 — 30 Country: USA

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

THIEBES, JOHN W
423 BREVARD AVE
COCOA FL 32922

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D — ☒ Change ☐ Addition
NAME	YOST, BRUCE D	1.2 NAME	YOST, BRUCE D.
STREET ADDRESS	13600 STEPNEY LN	1.3 STREET ADDRESS	P.O. Box 391709
CITY-ST-ZIP	CHANTILLY VA 22021	1.4 CITY-ST-ZIP	Mountain View, CA 94039-1709
TITLE	D	2.1 TITLE	D — ☒ Change ☐ Addition
NAME	GRUENDEL, DOUGLAS J.	2.2 NAME	GRUENDEL, DOUGLAS J.
STREET ADDRESS	120 WEST MARSHALL ST.	2.3 STREET ADDRESS	5001 PILGRIM'S PATHWAY, CONDO E
CITY-ST-ZIP	FALLS CHURCH VA	2.4 CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D	3.1 TITLE	D — ☒ Change ☐ Addition
NAME	TIMM, MARC G	3.2 NAME	TIMM, MARC G.
STREET ADDRESS	12318 OX HILL	3.3 STREET ADDRESS	1395 TAURUS CT.
CITY-ST-ZIP	FAIRFAX VA 22033	3.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Bruce D. Yost — Bruce D. Yost — 6/27/95 — (415) 604-2148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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