

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 11:33

DOCUMENT # P93000078498 (1)

1. Corporation Name

SHERIKON SPACE SYSTEMS, INC.

Principal Place of Business

14585 AVION PKWY
SUITE 2500
CHANTILLY VA 22021

Mailing Address

14585 AVION PKWY
SUITE 2500
CHANTILLY VA 22021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

54-1684887

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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARKER, RAUL
MAIL CODE SHER-1
HQ BUILDING
KENNEDY SPACE CENTER FL 32899

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 title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	FERNANDEZ, EDWARD R
STREET ADDRESS	14585 AVION PKWY, SUITE 2500
CITY - ST - ZIP	CHANTILLY VA 22021
TITLE	D
NAME	WILKES, STEVE
STREET ADDRESS	14585 AVION PKWY, SUITE 2500
CITY - ST - ZIP	CHANTILLY VA 22021
TITLE	D
NAME	NEWTON, MIKE
STREET ADDRESS	14585 AVION PKWY, SUITE 2500
CITY - ST - ZIP	CHANTILLY VA 22021
TITLE	D
NAME	BARKER, RAUL
STREET ADDRESS	MAIL CODE SHER-01
CITY - ST - ZIP	KENNEDY SPACE CTR FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	14500 AVION PKWY, SUITE 200
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	14500 AVION PKWY, SUITE 200
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	14500 AVION PKWY, SUITE 200
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	ROBERT DAVIS
5.3 STREET ADDRESS	14500 AVION PKWY, SUITE 200
5.4 CITY - ST - ZIP	CHANTILLY, VA 22021
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(a), 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:

MICHAEL NEWTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/95 703-803-7000