

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000078498 (1)

1. Corporation Name
SHERIKON SPACE SYSTEMS, INC.

Principal Place of Business
14500 AVION PKWY
#200
CHANTILLY VA 20151

Mailing Address
14500 AVION PKWY
#200
CHANTILLY VA 20151-1108

FILED
97 JAN 15 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



mwb
1-16-97

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
11/08/1993

3a. Date of Last Report
10/04/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, LARRY
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 of registered agent or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D FERNANDEZ, EDWARD R

NAME
STREET ADDRESS
CITY- ST- ZIP
14500 AVION PARKWAY, SUITE 200
CHANTILLY VA 20151

TITLE D WILKES, STEVE

NAME
STREET ADDRESS
CITY- ST- ZIP
14500 AVION PARKWAY, SUITE 200
CHANTILLY VA 20151

TITLE D NEWTON, MIKE

NAME
STREET ADDRESS
CITY- ST- ZIP
14500 AVION PARKWAY, SUITE 200
CHANTILLY VA 20151

TITLE D DAVIS, ROBERT

NAME
STREET ADDRESS
CITY- ST- ZIP
14500 AVION PKWY., #200
CHANTILLY VA 20151

TITLE D

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D

NAME
STREET ADDRESS
CITY- ST- ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97

703-803-7000

CR2E034 (9/96)