

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90038 023 ***150.00

DOCUMENT # P93000078498

1. Corporation Name

SHERIKON SPACE SYSTEMS, INC.



Principal Place of Business

8810 ASTRONAUT BLVD.
#124
CAPE CANAVERAL FL 32920
US

Mailing Address

14500 AVION PKWY
#200
CHANTILLY VA 20151

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 12249 Science Dr.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #140

27 City & State

City & State

23 Orlando, FL

City & State

28 Zip

24 Zip 32826

Country

25 US

Zip

29 Country

30

9. Name and Address of Current Registered Agent

OLSON, JARVIS L.
8810 ASTRONAUT BLVD.
SUITE 124
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name

Robert P. Knowlton

82 Street Address (P.O. Box Number is Not Acceptable)

12249 Science Drive, Suite 140

83

84 City

Orlando

FL

85 Zip Code 32826

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME FERNANDEZ, EDWARD R
STREET ADDRESS 14500 AVION PARKWAY, SUITE 200
CITY-ST-ZIP CHANTILLY VA 20151

TITLE D ☐ DELETE
NAME WILKES, STEVE
STREET ADDRESS 14500 AVION PARKWAY, SUITE 200
CITY-ST-ZIP CHANTILLY VA 20151

TITLE D ☐ DELETE
NAME DAVIS, ROBERT
STREET ADDRESS 14500 AVION PKWY., #200
CITY-ST-ZIP CHANTILLY VA 20151

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Carol Fernandez
1.3 STREET ADDRESS 14500 Avion Parkway, Suite 200
1.4 CITY-ST-ZIP Chantilly, VA 21051

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Dale Bellovich
2.3 STREET ADDRESS 14500 Avion Parkway, Suite 200
2.4 CITY-ST-ZIP Chantilly, VA 21051

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME Jeff Ayers
3.3 STREET ADDRESS 14500 Avion Parkway, Suite 200
3.4 CITY-ST-ZIP Chantilly, VA 20151

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Dale Bellovich* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

(703) 803-7000

Date

Daytime Phone #

CR2E034 (1/98)