


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90713 028 ***158.75

DOCUMENT #		P98000020285			
1. Entity Name GOVERNMENT INTELLIGENCE & PROPOSAL RESOURCES, INC. C.					
Principal Place of Business 47097 GLENAIRE CT STERLING VA 20165			Mailing Address 47097 GLENAIRE CT STERLING VA 20165		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
AGENTS AND CORPORATIONS, INC. 773 4TH AVE NORTH SUITE E NAPLES FL 34102					Name
					Street Address (if different from above)
					City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, if applicable, to:					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					11.
TITLE NAME	PD STAHL, CHRISTOPHER <input type="checkbox"/> Delete			TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	47097 GLENAIRE CT STERLING VA 20165			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	
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TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (10/02)