FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S44354** **(6)**

1. Corporation Name

ENTERPRISE RESOURCES, INC.

Principal Place of Business	Mailing Address
51 LOUISIANA AVE., N.W. WASHINGTON DC 20001	51 LOUISIANA AVE., N.W. WASHINGTON DC 20001

3. Date Incorporated or Qualified: **04/10/1991**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **52-1110072** ☐ 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

TOTH, STEPHEN P
800 N. MAGNOLIA AVENUE
SUITE 1300
ORLANDO FL 32803

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 the date as well. NOTE: Registered Agent signature required when changing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NASON, CHARLES T		1.2 NAME		
STREET ADDRESS	18 BEMAN WOODS CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	POTOMAC MD		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLYDE, ROBERT W		2.2 NAME		
STREET ADDRESS	11612 ROLLING MEADOW DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	GREAT FALLS VA		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ARITURK, HALUK		3.2 NAME		
STREET ADDRESS	9232 VENDOME DR.		3.3 STREET ADDRESS	000001805716	
CITY-ST-ZIP	BETHESDA MD		3.4 CITY-ST-ZIP	-05/02/96--01091--022	
TITLE	S	☐ DELETE	4.1 TITLE	***200.00	☐ Change ☐ Addition
NAME	FEDALEN, RICHARD J		4.2 NAME		
STREET ADDRESS	311 WATERFORD RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRING MD 20901		4.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	TROSKO, N DAVID		5.2 NAME	Leona M. Glowicz	
STREET ADDRESS	559 MALCOLM RD NW		5.3 STREET ADDRESS	5268 Leestone Court	
CITY-ST-ZIP	VIENNA VA		5.4 CITY-ST-ZIP	Springfield, VA 22151	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SANDS, ROBERT-JOHN		6.2 NAME		
STREET ADDRESS	RT. 1, BOX 336		6.3 STREET ADDRESS		
CITY-ST-ZIP	PURCELLVILLE VA 22132		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Leona M Glowicz 4/19/96 (202)628-4526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #