

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 10:16

DOCUMENT # F93000001752 (5)

1. Corporation Name
AAMVANET, INC.

Principal Place of Business Mailing Address
4200 WILSON BOULEVARD, SUITE 1100 ARLINGTON VA 22203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/05/1993	3a. Date of Last Report 02/22/1994
4. FEI Number 54-1491149	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29
Country 25	Zip 30

9. Name and Address of Current Registered Agent

HANRAHAN, SHEILA
3004 EMERSON STREET
TAMPA FL 33629

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Sheila Hanrahan DATE 6/8/95
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, GILBERT	12 NAME	
STREET ADDRESS	100 N. SENATE AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN 46204	14 CITY - ST - ZIP	
TITLE	VC	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFORD, MILTON	22 NAME	
STREET ADDRESS	955 PARK STREET	23 STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC 29202	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, STUART	32 NAME	
STREET ADDRESS	800 LINCOLN WAY	33 STREET ADDRESS	
CITY - ST - ZIP	AMES IA 50010	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKERT, W M	42 NAME	
STREET ADDRESS	6801 RITCHIE HIGHWAY	43 STREET ADDRESS	
CITY - ST - ZIP	GLEN BURNIE MD 21062	44 CITY - ST - ZIP	
TITLE	P	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLEMAN, BARRY	52 NAME	
STREET ADDRESS	4200 WILSON BLVD., SUITE 1100	53 STREET ADDRESS	
CITY - ST - ZIP	ARLINGTON VA 22203	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRANDQUIST, JOHN	62 NAME	
STREET ADDRESS	4200 WILSON BLVD., SUITE 1100	63 STREET ADDRESS	
CITY - ST - ZIP	ARLINGTON VA 22203	64 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: B. Goleman DATE: 6/8/95 7039088269
Signature and typed or printed name of signing officer or director. (Signature from 8)

CR2E037 (3/95)