

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROEIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P28182 (4)**

1. Corporation Name  
**AEGIS RESEARCH CORPORATION**



Principal Place of Business <b>7799 LEESBURG PIKE                  SUITE 1100 NORTH                  FALLS CHURCH VA 22043</b>	Mailing Address <b>7799 LEESBURG PIKE                  SUITE 1100 NORTH                  FALLS CHURCH VA 22043</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/14/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		54-1395845	
24 Country		29 Country		30 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	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

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 type to be printed name of registered agent and title if applicable (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIDEOUR, HARRY P.			1.2 NAME			
STREET ADDRESS	1735 N LYNN ST #500			1.3 STREET ADDRESS	7799 Leesburg Pike #1100 No.		
CITY-ST-ZIP	ARLINGTON VA			1.4 CITY-ST-ZIP	Falls Church, VA. 22043		
TITLE	PO	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEIGER, WILLIAM H			2.2 NAME			
STREET ADDRESS	7799 LEESBURG PIKE			2.3 STREET ADDRESS	7799 Leesburg Pike #1100 No.		
CITY-ST-ZIP	FALLS CHURCH VA 22043			2.4 CITY-ST-ZIP	Falls Church, VA. 22043		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEIGER, LEE ANNE F.			3.2 NAME			
STREET ADDRESS	1735 N. LYNN ST., #500			3.3 STREET ADDRESS	7799 Leesburg Pike #1100 No.		
CITY-ST-ZIP	ARLINGTON VA			3.4 CITY-ST-ZIP	Falls Church, VA. 22043		
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, LYDIA D			4.2 NAME			
STREET ADDRESS	1735 N. LYNN ST., #500			4.3 STREET ADDRESS			
CITY-ST-ZIP	ARLINGTON VA			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUFFSTUTLER, ROBERT M.			5.2 NAME			
STREET ADDRESS	1735 N. LYNN ST. #500			5.3 STREET ADDRESS	7799 Leesburg Pike #1100 No.		
CITY-ST-ZIP	ARLINGTON VA			5.4 CITY-ST-ZIP	Falls Church, VA. 22043		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

4/29/98

CP2E034 (10/97)

**FLORIDA DEPARTMENT OF STATE  
ATTACHMENT TO  
1998 CORPORATION ANNUAL REPORT**

**AEGIS RESEARCH CORPORATION  
FEDERAL ID # 54-1395845**

**BLOCK 13**

**ADDITIONAL OFFICER NAME AND ADDRESS**

TITLE	VICE PRESIDENT
NAME	FLOYD ALVAREZ
STREET ADDRESS	7799 LEESBURG PIKE, STE. #1100 NORTH
CITY, STATE	FALLS CHURCH, VA. 22043

TITLE	VICE PRESIDENT
NAME	GARY DORLAND
STREET ADDRESS	7799 LEESBURG PIKE, STE. #1100 NORTH
CITY, STATE	FALLS CHURCH, VA. 22043

TITLE	VICE PRESIDENT
NAME	KEVIN GALLAGHER
STREET ADDRESS	7799 LEESBURG PIKE, STE. #1100 NORTH
CITY, STATE	FALLS CHURCH, VA. 22043

TITLE	VICE PRESIDENT
NAME	GEORGE GIBSON
STREET ADDRESS	7799 LEESBURG PIKE, STE. #1100 NORTH
CITY, STATE	FALLS CHURCH, VA. 22043