

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 3: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39634** (1)

1. Corporation Name
RADONCS, INC.

Principal Place of Business
**1749 OLD MEADOW ROAD, #610
MCLEAN VA 22102**

Mailing Address
**1749 OLD MEADOW ROAD, #610
MCLEAN VA 22102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/13/1992** 3a. Date of Last Report **11/14/1994**

4. FEI Number **54-1424909** 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

| | | | |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | Country | 29 | Zip |
| 25 | | 30 | Country |

9. Name and Address of Current Registered Agent

**STONE, NATHANIEL
8410 SW 143RD STREET
MIAMI FL 33158**

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

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent (applicant required) when registering)

DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------------|
| TITLE | C |
| NAME | FIMIAN, KEITH S. |
| STREET ADDRESS | 7951 ARDEN COURT |
| CITY- ST- ZIP | DUNN LORING VA 22027 |
| TITLE | D |
| NAME | LARAME, JAMES <i>Remove</i> |
| STREET ADDRESS | 565 13TH ST, NW |
| CITY- ST- ZIP | WASHINGTON DC |
| TITLE | D |
| NAME | MCGREEVY, JOHN E. |
| STREET ADDRESS | 1008 GALUM COURT |
| CITY- ST- ZIP | MCLEAN VA 22102 |
| TITLE | P |
| NAME | FIMIAN, BRIAN P. |
| STREET ADDRESS | 1F532 LINCOLN WAY, #302 |
| CITY- ST- ZIP | MCLEAN VA |
| TITLE | V |
| NAME | TUCKER, RICHARD W. |
| STREET ADDRESS | 211 WOODFORK ROAD |
| CITY- ST- ZIP | TIMNUM MD |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY- ST- ZIP | |
| 21 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | Director |
| 23 STREET ADDRESS | Stephen Fimian |
| 24 CITY- ST- ZIP | 30026 Touraine Drive |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY- ST- ZIP | |
| 41 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY- ST- ZIP | McLean, VA 22102 |
| 51 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | Tucker, Richard W. |
| 53 STREET ADDRESS | 211 Woodfork Road |
| 54 CITY- ST- ZIP | Timonium, MD 21093 |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 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 119 (b)(1)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

B. P. Fimian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/95

(703) 734-0050