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FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P39634 (1)
 1. Corporation Name
RADONICS, INC.



Principal Place of Business Mailing Address
3975 FAIR RIDGE DRIVE SUITE 250 NORTH FAIRFAX VA 22033 US
3975 FAIR RIDGE DRIVE SUITE 250 NORTH FAIRFAX VA 22033-2024 US

3. Date Incorporated or Qualified **07/13/1992** 3a. Date of Last Report **05/09/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **54-1424909** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip Country 25 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STONE, NATHANIEL
8410 SW 143RD STREET
MIAMI FL 33158

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

B. P. F... see below for officer signature **3/3/97**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	FIMIAN, KEITH S.	
STREET ADDRESS	7951 ARDEN COURT	
CITY - ST - ZIP	DUNN LORING VA 22027	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIMIAN, STEPHEN	
STREET ADDRESS	3026 TOURNAINE DRIVE	
CITY - ST - ZIP	DALLAS TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCGREEVY, JOHN E.	
STREET ADDRESS	1008 GALUM COURT	
CITY - ST - ZIP	MCLEAN VA 22102	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FIMIAN, BRIAN P.	
STREET ADDRESS	1F532 LINCOLN WAY, #302	
CITY - ST - ZIP	MCLEAN VA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, RICHARD W	
STREET ADDRESS	2111 WOODFORK ROAD	
CITY - ST - ZIP	TIMINIUM MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jay Delahanty	
1.3 STREET ADDRESS	481 Hammond St.	
1.4 CITY - ST - ZIP	Chestnut Hill, MA 02167	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Frederick C. Holland	
2.3 STREET ADDRESS	1919 Contrato Court	
2.4 CITY - ST - ZIP	Vienna, VA 22182	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

B. P. F... **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/97 (703) 293-1400
 Date Daytime Phone

CR2E034 (9/96)