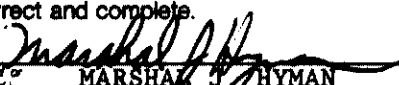
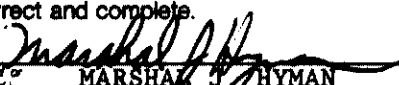
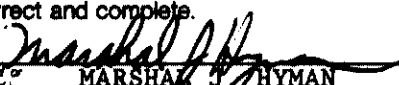


| No. 052942                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Idaho Corporation Annual Report Form</b>                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2. Registered Agent and Office                                                                                                                                 |            |                                                                                                                                                  |                                                          |             |              |            |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |                   |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------|--------------|------------|------------|--|--|--|--|------------|--|--|--|--|------------|--|--|--|--|-------------------|--|--|--|--|
| Return To<br><br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>Boise, ID 83720</b><br><br>SEC. 1<br><br>38 OCT 3 1988                                                                                                                                                                                                                                                                                                                                                                                                                                    | Due No Later Than November 1, 1988                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>CT CORPORATION SYSTEM</b><br><b>300 N. 6TH ST.</b><br><b>BOISE, ID</b><br><b>83701</b>                                                                      |            |                                                                                                                                                  |                                                          |             |              |            |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1. Mailing Address — Please Correct 052942                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                |            |                                                                                                                                                  |                                                          |             |              |            |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DYNALECTRIC COMPANY</b><br><b>TAX DEPARTMENT</b><br><del>1313 DOLLEY MADISON BLVD.</del><br><del>MCCLEAN VIRGINIA</del> 2000 EDMUND HALLEY DR.<br><del>22101</del> RESTON, VA 22091 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3. Incorporated Under The Laws<br>of<br><div style="text-align: right;">ENTERED</div> <b>STATE OF FLORIDA</b> <div style="text-align: right;">OCT 3 1988</div> |            |                                                                                                                                                  |                                                          |             |              |            |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |                   |  |  |  |  |
| 4. Names and Addresses of Officers and Directors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                |            |                                                                                                                                                  |                                                          |             |              |            |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |                   |  |  |  |  |
| <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td colspan="5">President:</td> </tr> <tr> <td colspan="5">Secretary:</td> </tr> <tr> <td colspan="5">Directors:</td> </tr> <tr> <td colspan="5" style="text-align: center;">SEE ATTACHED LIST</td> </tr> </tbody> </table> |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                |            | <u>Name</u>                                                                                                                                      | <u>Street or P.O. Address</u>                            | <u>City</u> | <u>State</u> | <u>Zip</u> | President: |  |  |  |  | Secretary: |  |  |  |  | Directors: |  |  |  |  | SEE ATTACHED LIST |  |  |  |  |
| <u>Name</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Street or P.O. Address</u>                                                                                                                                                          | <u>City</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>State</u>                                                                                                                                                   | <u>Zip</u> |                                                                                                                                                  |                                                          |             |              |            |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |                   |  |  |  |  |
| President:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                |            |                                                                                                                                                  |                                                          |             |              |            |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |                   |  |  |  |  |
| Secretary:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                |            |                                                                                                                                                  |                                                          |             |              |            |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |                   |  |  |  |  |
| Directors:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                |            |                                                                                                                                                  |                                                          |             |              |            |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |                   |  |  |  |  |
| SEE ATTACHED LIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                |            |                                                                                                                                                  |                                                          |             |              |            |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |                   |  |  |  |  |
| 5. Nature of Business<br><b>ELECTRICAL CONTRACTING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                        | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><br><table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">           Signature <br/>           Name (Typed or Printed) <b>MARSHALL J. HYMAN</b> </td> <td style="width: 50%;">           Date <b>9/28/88</b><br/>           Title <b>ASST. VICE PRESIDENT</b> </td> </tr> </table> |                                                                                                                                                                |            | Signature <br>Name (Typed or Printed) <b>MARSHALL J. HYMAN</b> | Date <b>9/28/88</b><br>Title <b>ASST. VICE PRESIDENT</b> |             |              |            |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |                   |  |  |  |  |
| Signature <br>Name (Typed or Printed) <b>MARSHALL J. HYMAN</b>                                                                                                                                                                                                                                                                                                                                                                                                                          | Date <b>9/28/88</b><br>Title <b>ASST. VICE PRESIDENT</b>                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                |            |                                                                                                                                                  |                                                          |             |              |            |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |                   |  |  |  |  |

DIRECTORS

DAVID L. REICHARDT

DANIEL R. BANNISTER

LARRY C. BROOKSHIRE

6708 CONNECTICUT AVE., CHEVY CHASE, MD 20815  
2000 EDMUND HALLEY DR., RESTON, VA 22091  
7009 HOLKROOD ST., MCLEAN, VA 22101  
2000 EDMUND HALLEY DR., RESTON, VA 22091  
1305 SUMMERWOOD CT., MCLEAN, VA 22102  
8300 GREENSBORO DR., MCLEAN, VA 22102

OFFICERS

A. Please c

**PRESIDENT**

LARRY C. BROOKSHIRE

1305 SUMMERWOOD CT., MCLEAN, VA 22102  
8300 GREENSBORO DR., MCLEAN, VA 22102  
3200 PARK CIR. DR., COSTA MESA, CA 92626

B. You may

address

any nec

**SENIOR VICE PRESIDENT**

GARY E. MCGRAW

KENNETH HART

12921 EAST 166 ST., CERRITOS, CA 90701  
8729 LAGRANGE ST., LORTON, VA 22079  
323 MILL STREET, NE, VIENNA, VA 22180  
1175 TRAILMORE DR., ROSWELL, GA 30076  
3905 OAKCLIFF INDURL. CT, DORAVILLE, GA 30340

C. You mus

**SECRETARY**

H. MONTGOMERY HOUGEN

2101 WITTINGTON BLVD., ALEXANDRIA, VA 22308  
2000 EDMUND HALLEY DR., RESTON, VA 22091

D. This rep

agent or

registered office  
s. Please make

er, accountant,

E. Return completed annual report form to:

Pete T. Cenarrusa  
Secretary of State  
Room 203, Statehouse  
Boise, Idaho 83720  
(208) 334-2300

*DUE NO LATER THAN NOVEMBER 1*