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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90070 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003068

1. Corporation Name
RICHARD M. MILBURN HIGH SCHOOL, INC.



Principal Place of Business 14416 JEFFERSON DAVIS HWY.. SUITE #9 WOODBRIDGE VA 22191	Mailing Address 14416 JEFFERSON DAVIS HWY.. SUITE #9 WOODBRIDGE VA 22191
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 27 CONGRESS ST Suite, Apt. #, etc. 22 SUITE 204 City & State 23 SALEM, MA Zip Country 24 01970 25 US	2a. Mailing Address 26 27 CONGRESS ST Suite, Apt. #, etc. 27 SUITE 204 City & State 28 SALEM MA Zip Country 29 01970 30 US
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3. Date Incorporated or Qualified 06/12/1997	Applied For Not Applicable
4. FEI Number 54-1246357	
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCT	<input type="checkbox"/> DELETE
NAME	CROSBY, ROBERT H	
STREET ADDRESS	12 EVERETTE PAINE BLVD.	
CITY-ST-ZIP	MARBLEHEAD MA 01945	
TITLE	VVC	<input type="checkbox"/> DELETE
NAME	UNDERWOOD, KEN	
STREET ADDRESS	19817 GREENSIDE TERRACE	
CITY-ST-ZIP	GAITHERSBURG MD 20879	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	REIBER, RICK	
STREET ADDRESS	2121 MARLBORO DRIVE	
CITY-ST-ZIP	ALEXANDRIA VA 22304	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, T A	
STREET ADDRESS	8200 GREENSBORO DRIVE, SUITE 1400	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TERRY N. KREAMER
3.3 STREET ADDRESS	20 BERNARD ROAD
3.4 CITY-ST-ZIP	WOBURN, MA 01801
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 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, with all other like empowered.

SIGNATURE: TERRY N. KREAMER Date: 2/4/99 (978) 741-7161 x232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)