


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P02999 (1)**  
1. Corporation Name  
**THE RECIPROCAL GROUP, INC.**



Principal Place of Business <b>4200 INNSLAKE DR GLEN ALLEN VA 23060 US</b>	Mailing Address <b>P O BOX 85058 RICHMOND VA 23261-2058 US</b>
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3. Date Incorporated or Qualified <b>08/10/1984</b>
4. FEI Number <b>54-1027624</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

**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 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>JACOBS, WILLIAM F</b>	1.1 TITLE <b>Vice Chariman/Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS <b>4200 INNSLAKE DRIVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>GLEN ALLEN VA 23060</b>	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE <b>EVPD</b>	<b>PATTERSON, KENNETH R.</b>	2.1 TITLE <b>President/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS <b>4200 INNSLAKE DRIVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>GLEN ALLEN VA 23060</b>	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<b>O'BRIEN, JOHN P.</b>	3.1 TITLE <b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>David W. Goff</b>	
STREET ADDRESS <b>8001 BRADDOCK ROAD</b>		3.3 STREET ADDRESS <b>1840 Amherst Street</b>	
CITY-ST-ZIP <b>SPRINGFIELD VA</b>	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP <b>Winchester, VA 22601-2540</b>	
TITLE <b>SVP</b>	<b>HUDGINS, CAROLYN</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS <b>4200 INNSLAKE DRIVE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>GLEN AL</b>	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE <b>CD</b>	<b>PEARCE, J. RANDOLPH</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS <b>1212 THIRD STREET</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>ROANOKE VA</b>	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<b>WADDELL, KENNETH L</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS <b>5836 OLDE LOCKE COURT, S.W.</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>RAONOKE VA</b>	<input type="checkbox"/> DELETE	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Carolyn Hudgins* **Carolyn Hudgins, Vice President & CFO** **March 10, 1998** **(804) 965-**

CP2E037 (10/97)