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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02999

1. Corporation Name
THE RECIPROCAL GROUP, INC.

Principal Place of Business 4200 INNSLAKE DR GLEN ALLEN VA 23060 US	Mailing Address P O BOX 85058 RICHMOND VA 23261-2058 US
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 512408-90002-26



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/10/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 54-1027624
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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
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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 NAME STREET ADDRESS CITY-ST-ZIP	VCD JACOBS, WILLIAM F 4200 INNSLAKE DRIVE GLEN ALLEN VA 23060 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Executive V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Crews, John W. 700 E. Main Street Richmond, VA 23219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATTERSON, KENNETH R. 4200 INNSLAKE DRIVE GLEN ALLEN VA 23060 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	President/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Patterson, Kenneth R. 4200 Innslake Drive Glen Allen, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'BRIEN, JOHN P. 8001 BRADDOCK ROAD SPRINGFIELD VA <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cameron, Sam W. 6425 Lakeover Road Jackson, MS 39213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HUDGINS, CAROLYN 4200 INNSLAKE DRIVE GLEN AL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Executive V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition Kelley, Judith A. 4200 Innslake Drive Glen Allen, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PEARCE, J. RANDOLPH 1212 THIRD STREET ROANOKE VA <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Vice Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Swenson, Kenneth B. 8700 Sudley Road Manassas, VA 20110-4418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WADDELL, KENNETH L 5836 OLDE LOCKE COURT, S.W. RAONOKE VA <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Senior V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marohn, Glen R. 4200 Innslake Drive Glen Allen, VA 23060

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, with all other like empowered.

SIGNATURE: Kenneth R. Patterson 4/28/99 (804) 747-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0082761

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