

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED  
Mar 17 1998 8:00am  
Secretary of State

DOCUMENT # P20284 (6)

1. Corporation Name  
MAXIMUS, INC. OF VIRGINIA



Principal Place of Business: 1356 BEVERLY RD. SUITE #300 MCLEAN VA 22101  
Mailing Address: 1356 BEVERLY RD. SUITE #300 MCLEAN VA 22101

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/01/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 54-1000588	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE FL 32301				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTRAN, DAVID V.	1.2 NAME	.....
STREET ADDRESS	1530 N KEY BLVD, #1015	1.3 STREET ADDRESS	PLEASE SEE ATTACHED
CITY-ST-ZIP	ARLINGTON VA	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDDY, RAYMOND B	2.2 NAME	
STREET ADDRESS	26 ROLLING LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER MA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUZZIO, ROBERT	3.2 NAME	
STREET ADDRESS	11780 HOLLEYVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREAT FALLS VA	3.4 CITY-ST-ZIP	
TITLE	CT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NERRET, ARTHUR F	4.2 NAME	
STREET ADDRESS	621 BRYANTS NURSERY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD	4.4 CITY-ST-ZIP	
TITLE	AO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULDOON, DONNA	5.2 NAME	
STREET ADDRESS	1530 N. KEY BLVD #1015	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22209	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, LYNN P	6.2 NAME	
STREET ADDRESS	36 NOON HILL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK MA	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.

Signature: \_\_\_\_\_ Date: 3/6/98 (703) 734-4200

CP2E034 (10/97)

## MAXIMUS, Inc. FY98 Officers & Directors

EMP #	NAME AND HOME ADDRESS	BOARD OF DIRECTORS TITLE	OFFICER TITLE
1	David V. Mastran 1530 N. Key Blvd., #1015 Arlington, VA 22209	Director	Corporate President
7	Donna J. Muldoon 1530 N. Key Blvd., #1015 Arlington, VA 22209	Director	
39	Robert Muzzio 11780 Hollyview Drive Great Falls, VA 22066	Director	
143	Raymond B. Ruddy 26 Rolling Lane Dover, MA 02030	Chairman Of The Board	Corporate Treasurer, Vice President
272	Susan D. Pepin 26 Battle Flagg Road Bedford, MA 01730	Director	
1190	Lynn P Davenport 36 Noon Hill Ave Norfolk, MA 02056	Director	
2137	F. Arthur Nerret 621 Bryants Nursery Road Silver Spring, MD 20905		Corporate Assistant Secretary
2211	Russell A. Beliveau 2041 Spanish Bar Ct. Gold River, CA 95670	Director	
5076	Mari Stanley 5086 Loventree Road Columbia, MD 21044		Corporate Secretary
N/A	Lynette Fallon 54 Hundreds Road Wellesley, MA 02181		Corporate Assistant Secretary
N/A	Peter Pond 200 West Madison, Suite 1700 Chicago, IL 60606	Director	
N/A	Jesse Brown 6743 Kirk Lane Warrenton, VA 20187-9320	Director	