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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000005371 (7)

1. Corporation Name

~~MILITARY PROFESSIONAL RESOURCES, INC.~~
MPRI, INC.

Principal Place of Business

1201 EAST ABINGDON DR.
SUITE 425
ALEXANDRIA VA 22314

Mailing Address

1201 EAST ABINGDON DR.
SUITE 425
ALEXANDRIA VA 22314-1493



3. Date Incorporated or Qualified

10/16/1996

3a. Date of Last Report

10/16/96

4. FEI Number

54-1439937

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	KROESSEN, FREDERICK J	
STREET ADDRESS	1201 E ABINGDON DR., STE 425	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	V	☒ DELETE
NAME	LEWIS JR, VERNON B	
STREET ADDRESS	1201 E ABINGDON DR., STE 425	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	SD	☐ DELETE
NAME	TREFRY, RICHARD	
STREET ADDRESS	1201 E ABINGDON DR., STE 425	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	TD	☒ DELETE
NAME	WEST, RICHARD L	
STREET ADDRESS	1201 E ABINGDON DR., STE 425	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	P	☐ DELETE
NAME	LEWIS, VERNON B	
STREET ADDRESS	1201 E ABINGDON DR., STE 425	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	V	☐ DELETE
NAME	WOOD SR, ROBERT D	
STREET ADDRESS	1201 E ABINGDON DR., STE 425	
CITY-ST-ZIP	ALEXANDRIA VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	000002157860
1.3 STREET ADDRESS	-04/29/97--01042--004
1.4 CITY-ST-ZIP	***165.00
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	D - Director
2.3 STREET ADDRESS	Carl E. Vuono
2.4 CITY-ST-ZIP	1201 E Abingdon Drive Suite #425 Alexandria, VA 22314
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	D - Director
3.3 STREET ADDRESS	Trefry, Richard
3.4 CITY-ST-ZIP	1201 E. Abingdon Dr. Ste # 425 Alexandria, VA 22314
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	TD - Chief Financial Officer
4.3 STREET ADDRESS	Raphael Hallada
4.4 CITY-ST-ZIP	1201 E. Abingdon Dr. Ste # 425 Alexandria, VA 22314
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	PD - President Director
5.3 STREET ADDRESS	Lewis, Vernon B.
5.4 CITY-ST-ZIP	1201 E. Abingdon Dr. Ste #425 Alexandria, VA 22314
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	Secretary - S
6.3 STREET ADDRESS	Wood, Robert
6.4 CITY-ST-ZIP	1201 E. Abingdon Dr. Ste #425 Alexandria, VA 22314

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

6 Mar 97 703-684-0853