## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#836122** 

Entity Name: STERLING INSTITUTE, INCORPORATED

FILED Jul 10, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11350 RANDOM HILLS RD 11350 RANDOM HILLS RD STE 650 STE 800 FAIRFAX, VA 220307428 US FAIRFAX, VA 220307428 US **New Mailing Address: Current Mailing Address:** 111350 RANDOM HILLS RD 111350 RANDOM HILLS RD STE 650 STE 800 FAIRFAX, VA 220307428 US FAIRFAX, VA 220307428 US FEI Number: 52-0851643 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change ( ) Addition ( ) Delete Title: LIVINGSTON, MATTHEW, S. LIVINGSTON, MATTHEW, S. Name: Name: 12009 ST. HELENA DR. 12009 ST. HELENA DR. Address: Address:

OAKTON, VA City-St-Zip: City-St-Zip: OAKTON, VA 22124 Title: CD Title: () Change () Addition

() Delete Name: LIVINGSTON, STERLING, J Name:

1121 CRANDON BLVD Address: Address: KEY BISCAYNE, FL 00000, City-St-Zip: City-St-Zip:

Title: Title: TDS ( ) Delete () Change () Addition

LIVINGSTON, STERLING, C. Name: Name: 3273 D. TILTON VALLEY Address: Address: City-St-Zip: FAIRFAX, VA City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW S. LIVINGSTON CD 07/10/2006