

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995

[illegible]

APPROVED
AND
FILED

DOCUMENT # 849365

(2)

95 MAY 10 AM 10:35

MCI CONSTRUCTORS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14011 TELEGRAPH RD
WOODBIDGE VA 22152

14011 TELEGRAPH RD
WOODBIDGE VA 22192

1. The first group of students (Group 1) was assigned to read the text and identify the main idea of the passage. They were also asked to underline the key words and phrases.

2. Effective Date of Transfer		2a. Mailed Address		3. Date of Birth of Registered Agent		3a. Date of Birth of Registered Agent	
21		26		4. Filing Number		06/08/1981	
22		27		5. Certificate of Status (Desired)		03/08/1994	
23		28		6. Has the Corporation's Existing and Pending Certificate		51-0122532	
24		29		7. This corporation has liability for adoption of the rules under the rules		8.75 Additional Fee Required	
25		30		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
26		31		81. Name		82. Street Address (P.O. Box Number is Not Applicable)	
27		32		83. City		84. State	
28		33		85. Zip Code		86. Phone Number	

11. The purpose of this provision is to ensure that the taxpayer is not penalized for the failure to report the value of the property transferred to the donee for the purpose of the gift tax. The purpose of this provision is to ensure that the taxpayer is not penalized for the failure to report the value of the property transferred to the donee for the purpose of the gift tax.

$$\| \nabla \phi \|_{L^2(\Omega)} \leq C \| \phi \|_{L^2(\Omega)} \quad (2.1)$$

12.	项目地址: 深圳市福田区	13.	项目地址: 深圳市福田区
-----	--------------	-----	--------------

NAME	PD MITCHELL, CLEMENT V.	NAME	ST	☐ Change	☐ Address
Street Address	5019 OBSERVER LN.	Street Address	Davis, Bruce	☒ Change	☐ Address
City	WOODBIDGE VA	City	14011 Telegraph Rd		
State	V	State	Woodbridge Va	☐ Change	☐ Address
NAME	FISCHER, MICHAEL R.	NAME	D		
Street Address	11550 GUNNER CT	Street Address	POLAN, STEVEN M		
City	WOODBIDGE VA	City	15 W 72ND ST 330C		
State		State	NEW YORK NY		
NAME	ST	NAME	D		
Street Address	HOLLADAY, GERALD B.	Street Address	MITCHELL, CLEMENT V.		
City	5909 PENSURST LANE	City	5019 OBSERVER LN.		
State	WOODBIDGE VA	State	WOODBIDGE VA	☐ Change	☐ Address
NAME	D	NAME			
Street Address	POLAN, STEVEN M	Street Address			
City	15 W 72ND ST 330C	City			
State	NEW YORK NY	State			
NAME	D	NAME			
Street Address	MITCHELL, CLEMENT V.	Street Address			
City	5019 OBSERVER LN.	City			
State	WOODBIDGE VA	State			
NAME		NAME			
Street Address		Street Address			
City		City			
State		State			
NAME		NAME			
Street Address		Street Address			
City		City			
State		State			

SIGNATURE:

I have read and understand the content of the supplemental consent report, have read and understand the
 statement of the consent of the parent or legal guardian to the proposed medical treatment, the
 statement of the child or adolescent that the child/adolescent agrees as follows:


 BRUCE F. DAVIS

SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce F Davis

5/2/95

703-454-2218