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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 852783 (0)

1. Corporation Name

THE MCCORMICK GROUP, INC.



Principal Place of Business

4024 PLANK ROAD
FREDERICKSBURG VA 22407
US

Mailing Address

4024 PLANK ROAD
FREDERICKSBURG VA 22407
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MCCORMICK, WILLIAM J
STREET ADDRESS 4024 PLANK ROAD
CITY-STATE-ZIP FREDERICKSBURG VA

TITLE VD ☐ DELETE

NAME MCCORMICK, BRIAN D
STREET ADDRESS 4024 PLANK ROAD
CITY-STATE-ZIP FREDERICKSBURG VA

TITLE T ☒ DELETE

NAME MCCORMICK, DEBRA L.
STREET ADDRESS 4024 PLANK ROAD
CITY-STATE-ZIP FREDERICK VA

TITLE S ☐ DELETE

NAME CHAMBERLAIN, BARBARA
STREET ADDRESS 4024 PLANK ROAD
CITY-STATE-ZIP FREDERICKSBURG VA

TITLE D ☐ DELETE

NAME CARR, III W LYLES
STREET ADDRESS 4024 PLANK ROAD
CITY-STATE-ZIP FREDERICKSBURG VA

TITLE D ☒ DELETE

NAME HELDENBRAND, PAUL
STREET ADDRESS 4024 PLANK ROAD
CITY-STATE-ZIP FREDERICKSBURG VA

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP ☐ Change ☐ Addition

41 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 (12/95)