

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90056 013 ***158.75

DOCUMENT # F03000002617

1. Entity Name
BCP INTERNATIONAL LIMITED CORP.



Principal Place of Business
**1800 NORTH BEAUREGARD STREET, STE. 350
ALEXANDRIA, VA 22311-1708**

Mailing Address
**1800 NORTH BEAUREGARD STREET, STE. 350
ALEXANDRIA, VA 22311-1708**

94012388



01162004 Chg-P CR2E034 (10/03)

4. FEI Number
54-1899184

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSE, GREG
6300 TANGLEWOOD DRIVE, NE
ST. PETERSBURG, FL 33702**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> Delete
NAME	ADAMS, JAMES L
STREET ADDRESS	1800 NORHT BEAUREGARD STREET, STE. 350
CITY-ST-ZIP	ALEXANDRIA, VA 223111708
TITLE	P <input type="checkbox"/> Delete
NAME	REA, CARL A
STREET ADDRESS	1800 NORTH BEAUREGARD STREET, STE. 350
CITY-ST-ZIP	ALEXANDRIA, VA 223111708
TITLE	S <input type="checkbox"/> Delete
NAME	FESS, KEN
STREET ADDRESS	1800 NORTH BEAUREGARD STREET, STE. 350
CITY-ST-ZIP	ALEXANDRIA, VA 223111708
TITLE	T <input type="checkbox"/> Delete
NAME	HARGETT, MICHAEL
STREET ADDRESS	1800 NORTH BEAUREGARD STREET, STE. 350
CITY-ST-ZIP	ALEXANDRIA, VA 223111708
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1800 NORTH Beauregard St., Suite 350
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth E. Fess
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL A. Rea

Date

1/15/04

Daytime Phone #

703-575-7300