FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003705 (1)**

1. Corporation Name
K.T. ASSOCIATES, P.C. OF VA.

Principal Place of Business	Mailing Address
1801 ALEXANDER BELL DRIVE. SUITE 650 RESTON VA 22091	1801 ALEXANDER BELL DRIVE. SUITE 650 RESTON VA 22091

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/13/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21 2323 HORSE PEN ROAD	2a. Mailing Address 26 2323 HORSE PEN ROAD
Suite, Apt. #, etc. 22 SUITE 500	Suite, Apt. #, etc. 27 SUITE 500
City & State 23 HERNDON, VA	City & State 28 HERNDON, VA
Zip 24 22071-3405 Country 25	Zip 29 22071-3405 Country 30

4. FEI Number: 54-1664195 ☐ 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

9. Name and Address of Current Registered Agent

MUNROE, ROBERT C
6838 TAMARIND CIRCLE
ORLANDO FL 32819

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	11 TITLE	C/P/T	☒ Change ☐ Addition
NAME	KOBLOS, MARK R	12 NAME	MARK R KOBLOS	
STREET ADDRESS	3712 PENDERWOOD DRIVE	13 STREET ADDRESS	15612 BRITENBUSH CT	
CITY-ST-ZIP	OAKTON VA 22124	14 CITY-ST-ZIP	WATERFORD, VA 22190	
TITLE	VC	21 TITLE	D/V	☒ Change ☐ Addition
NAME	FARREL, JOHN E P.E.	22 NAME		
STREET ADDRESS	13490 LAKE SHORE DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	HERNDON VA 22071	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MUNROE, ROBERT C P.E.	32 NAME		
STREET ADDRESS	6838 TAMARIND CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE	V	☒ Change ☐ Addition
NAME	TOWNSEND, ROBERT S	42 NAME		
STREET ADDRESS	2502 CHARLESTOWN LANE	43 STREET ADDRESS		
CITY-ST-ZIP	RESTON VA 22091	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☒ Change ☐ Addition
NAME	KOBLOS, KATHRYN E	52 NAME	KATHRYN E KOBLOS	
STREET ADDRESS	3712 PENDERWOOD DRIVE	53 STREET ADDRESS	15612 BRITENBUSH CT	
CITY-ST-ZIP	OAKTON VA 22124	54 CITY-ST-ZIP	WATERFORD, VA 22190	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(i), 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 [illegible] with an address.

SIGNATURE: MARK R. KOBLOS 3/20/95 703 713-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0307671 FP