FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F93000003705 (1)**

1. Corporation Name

K.T. ASSOCIATES, P.C. OF VA.

Principal Place of Business	Mailing Address
2323 HORSE PEN ROAD STE 500 HERDON VA 22071-3405 US	2323 HORSE PEN ROAD STE 500 HERNDON VA 22071-3405 US

3. Date Incorporated or Qualified: 08/13/1993
3a. Date of Last Report: 04/18/1995
4. FEI Number: 54-1664195 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 ______

12. OFFICERS AND DIRECTORS

TITLE	CPT ☐ DELETE
NAME	KOBLOS, MARK R
STREET ADDRESS	15612 BRITENBUSH CY
CITY-ST-ZIP	WATERFORD VA
TITLE	DV ☐ DELETE
NAME	FARREL, JOHN E P.E.
STREET ADDRESS	13490 LAKE SHORE DRIVE
CITY-ST-ZIP	HERNDON VA
TITLE	D ☐ DELETE
NAME	MUNROE, ROBERT C P.E.
STREET ADDRESS	6838 TAMARIND CIRCLE
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	V ☐ DELETE
NAME	TOWNSEND, ROBERT S
STREET ADDRESS	2502 CHARLESTOWN LANE
CITY-ST-ZIP	RESTON VA
TITLE	S ☐ DELETE
NAME	KOBLOS, KATHRYN E
STREET ADDRESS	15612 BRITENBUSH CT
CITY-ST-ZIP	WATERFORD VA
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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] — 1/18/96 — 703-713-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)