

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000000122 (1)

1. Corporation Name:  
NATIONAL MANAGEMENT COMPANY OF VIRGINIA, INC.

Principal Place of Business

12884 HARBOR DRIVE  
WOODBIDGE VA 22192

Mailing Address

12884 HARBOR DRIVE  
WOODBIDGE VA 22192-2821



2. Principal Place of Business

21 12872 Harbor Drive  
Suite, Apt. #, etc.

22 City & State  
23 Woodbridge, VA  
24 Zip 22192  
25 Country USA

2a. Mailing Address

26 12872 Harbor Drive  
Suite, Apt. #, etc.

27 City & State  
28 Woodbridge, VA  
29 Zip 22192  
30 Country USA

3. Date Incorporated or Qualified

01/10/1994

3a. Date of Last Report

04/12/1996

4. FEI Number

54-1604482

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

GRASKEWICZ, JON  
201 OCEAN DRIVE  
KEY LARGO FL 33037

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

Signature of registered agent or new registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PC  
NAME WILCOX, STUART  
STREET ADDRESS 12 KING ARTHUR COURT - SOUTH  
CITY-ST-ZIP SARATOGA SPRINGS NY

☐ DELETE

TITLE SD  
NAME MALONEY, JAMES  
STREET ADDRESS 12884 HARBOR DRIVE  
CITY-ST-ZIP WOODBRIDGE VA

☐ DELETE

TITLE S  
NAME JOHNSON, TERRI  
STREET ADDRESS 12884 HARBOR DRIVE  
CITY-ST-ZIP WOODBRIDGE VA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

TERRI JOHNSON, Secretary

2/20/97 603-435001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)