

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

FILED

May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000000370 (6)**

1. Corporation Name
CRS FINANCIAL MANAGEMENT, INC.



Principal Place of Business 10340 DEMOCRACY LANE SUITE 300 FAIRFAX VA 22030 US	Mailing Address 10340 DEMOCRACY LANE SUITE 300 FAIRFAX VA 22030-2518 US
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3. Date Incorporated or Qualified 01/25/1994	3a. Date of Last Report 02/23/1996
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2. Principal Place of Business 21 10340 Democracy Lane Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 54-0905897 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURSTEIN, MICHAEL L	1.2 NAME	Everett M. Garber III
STREET ADDRESS	10340 DEMOCRACY LANE, SUITE 300	1.3 STREET ADDRESS	10340 Democracy Lane, Suite 300
CITY-ST-ZIP	FAIRFAX VA	1.4 CITY-ST-ZIP	Fairfax, VA 22030
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARBER, EVERETT M III	2.2 NAME	David J. Mathies, Jr.
STREET ADDRESS	10474 ARMSTRONG ST.	2.3 STREET ADDRESS	Metro Center, One Station Place
CITY-ST-ZIP	FAIRFAX VA	2.4 CITY-ST-ZIP	Stamford, CT 06902
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLUMFELD, ROBERT M	3.2 NAME	Victor Kiarsis
STREET ADDRESS	575 MADISON AVENUE, SUITE 1006	3.3 STREET ADDRESS	Metro Center, One Station Place
CITY-ST-ZIP	NY NY	3.4 CITY-ST-ZIP	Stamford, CT 06902
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Assist. Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONLON, JAMES M.	4.2 NAME	Sheila L. Nalls
STREET ADDRESS	METRO CENTER, ONE STATION PLACE	4.3 STREET ADDRESS	10340 Democracy Lane, Suite 300
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	Fairfax, VA 22030
TITLE	C <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Assist. Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURRANT, PAUL W.	5.2 NAME	Pamela J. Weeks
STREET ADDRESS	METRO CENTER, ONE STATION PLACE	5.3 STREET ADDRESS	10340 Democracy Lane, Suite 300
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	Fairfax, VA 22030
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Garber III

4/30/97

703-934-6472

Date

Daytime Phone #

000210

CR2E034 (9/96)