

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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1994

4. FEI Number

54-0905897

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 10340 Democracy Lane

26 Suite, Apt. #, etc.

22 Suite 300

27 Suite, Apt. #, etc.

**23 City & State
Fairfax, VA**

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	GARBER, EVERETT M III	
STREET ADDRESS	10340 DEMOCRACY LANE, STE. 300	
CITY-ST-ZIP	FAIRFAX VA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHIES, DAVID J JR	
STREET ADDRESS	METRO CENTER, ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	

TITLE	C	<input type="checkbox"/> DELETE
NAME	BLUMFELD, ROBERT M	
STREET ADDRESS	575 MADISON AVENUE, SUITE 1008	
CITY-ST-ZIP	NY NY	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CONLON, JAMES M.	
STREET ADDRESS	METRO CENTER, ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	WEEKS, PAMELA J	
STREET ADDRESS	10340 DEMOCRACY LANE, STE. 300	
CITY-ST-ZIP	FAIRFAX VA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KIARSIS, VICTOR	
STREET ADDRESS	METRO CENTER, ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

4/13/98

703-934-6472

CR2E034 (10/97)