

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90175 003 ***150.00

DOCUMENT # F94000000370

1. Corporation Name

CRS FINANCIAL MANAGEMENT, INC.

Principal Place of Business

10340 DEMOCRACY LANE
STE 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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

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 checked="" type="checkbox"/> DELETE
NAME	BLUMFELD, ROBERT M	
STREET ADDRESS	575 MADISON AVENUE, SUITE 1006	
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, with all other like empowered.

SIGNATURE:

EVERETT M GARBER III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99
Date

703 934-6472
Daytime Phone #

CR2E034 (11/98)