FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:15

DOCUMENT # F94000003643 (3)

1. Corporation Name
BCI OF VIRGINIA INC.

Principal Place of Business
5100 PARKSTONE DR. STE. 190
CHANTILLY VA 22021-3813

Mailing Address
5100 PARKSTONE DR. STE. 190
CHANTILLY VA 22021-3813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1994
3a. Date of Last Report:

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

4. FEI Number: 54-1117771 — 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
CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32031

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 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 and the Registrant — TITLE Registered Agent signature required when resigning — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	TICKLE, B.A.	12 NAME	
STREET ADDRESS	211 ACACIA AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	ROCKCLIFFE, ONTARIO, CANADA	14 CITY-ST-ZIP	
TITLE	C	21 TITLE	☒ Change ☐ Addition
NAME	DANIELS, W.J.	22 NAME	
STREET ADDRESS	1030 BOSQUE CRESCENT	23 STREET ADDRESS	
CITY-ST-ZIP	CUMBERLAND, ONTARIO, CANADA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DONAHEE, G.R.	32 NAME	
STREET ADDRESS	2416 MISSISSAUGA ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO, CANADA	34 CITY-ST-ZIP	
TITLE	DP	41 TITLE	☐ Change ☐ Addition
NAME	KIPP, R.R.	42 NAME	
STREET ADDRESS	15058 STILLFIELD PLACE	43 STREET ADDRESS	
CITY-ST-ZIP	CENTREVILLE VA	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	MORTON, D.K.	52 NAME	
STREET ADDRESS	15461 MEHERRIN DR.	53 STREET ADDRESS	
CITY-ST-ZIP	CENTREVILLE VA	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☒ Addition
NAME		62 NAME	ST JELLETT, CT
STREET ADDRESS		63 STREET ADDRESS	PO BOX 276, N/A
CITY-ST-ZIP		64 CITY-ST-ZIP	PHILOMONT, VA

14. I 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 a 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 with an office indicated with an address.

SIGNATURE: CARL T JELLETT FEB 22 1995 (708) 222-8303
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0397877 FP