

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

FILED
May 07 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 # F94000003643 (3)
 1. Corporation Name:
BCI OF VIRGINIA INC.



Principal Place of Business 5160 PARKSTONE DR., STE. 190 CHANTILLY VA 22021-3813	Mailing Address 5160 PARKSTONE DR., STE. 190 CHANTILLY VA 22021-3813
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	P.O. Box 221590	06/27/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		54-1117771	
City & State		City & State		Applied For	
23		Chantilly, VA		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	20151-3813	25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		29	20153-1590	30	
			USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CB	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	CB	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRINSTEAD, S			1.2 NAME	Pfister, P. c/o Adecco		
STREET ADDRESS	79 CAVINSTEAD CRESCENT			1.3 STREET ADDRESS	100 Redwood Shores Parkway		
CITY-ST-ZIP	HERTFORSHIRE EN			1.4 CITY-ST-ZIP	Redwood City, CA 94065	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	BERRY, S.A.			2.2 NAME			
STREET ADDRESS	3916 BOKEL DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	CHANTILLY VA			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIPP, R.R.			3.2 NAME			
STREET ADDRESS	15058 STILLFIELD PLACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CENTREVILLE VA			3.4 CITY-ST-ZIP			
TITLE	VCFO	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COMRIE, R.E.			4.2 NAME			
STREET ADDRESS	6303 LEE FOREST PATH			4.3 STREET ADDRESS			
CITY-ST-ZIP	CENTREVILLE VA			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FUHRER, R.A.			5.2 NAME			
STREET ADDRESS	8315 NORTH BROOK LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWMER, J			6.2 NAME			
STREET ADDRESS	100 REDWOOD SHORES PKWY			6.3 STREET ADDRESS			
CITY-ST-ZIP	REDWOOD CITY CA			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 *PN*

CR2E034 (10/97)