

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 03 1998 8:00am
Secretary of State

DOCUMENT # **F94000006381 (7)**

1. Corporation Name
FIRST CORRECTIONS CORPORATION



Principal Place of Business
**240 CORPORATE BOULEVARD
NORFOLK VA 23502**

Mailing Address
**240 CORPORATE BOULEVARD
NORFOLK VA 23502**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

12/14/1994

4. FEI Number

54-1517222

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

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

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 **CD** ☐ DELETE
NAME **DOZORETZ, RONALD I.**
STREET ADDRESS **240 CORPORATE BLVD.**
CITY-ST-ZIP **NORFOLK VA**

TITLE **P** ☐ DELETE
NAME **IRBY, EDWARD C.**
STREET ADDRESS **240 CORPORATE BLVD.**
CITY-ST-ZIP **NORFOLK VA**

TITLE **S** ☐ DELETE
NAME **NUSS, GLORIA J**
STREET ADDRESS **605 GLENROSE COURT**
CITY-ST-ZIP **CHESAPEAKE VA**

TITLE **T** ☒ DELETE
NAME **ASKEW, LYNN**
STREET ADDRESS **240 CORPORATE BLVD.**
CITY-ST-ZIP **NORFOLK VA**

TITLE **V** ☐ DELETE
NAME **TURNER, WILLIAM**
STREET ADDRESS **240 CORPORATE BLVD.**
CITY-ST-ZIP **NORFOLK VA**

TITLE **VP** ☒ DELETE
NAME **BENZ, MARK**
STREET ADDRESS **240 CORPORATE BLVD.**
CITY-ST-ZIP **NORFOLK VA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

23502

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

23502

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**240 Corporate Boulevard
Norfolk, VA 23502**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**Timothy D. McCarthy
240 Corporate Boulevard
Norfolk, VA 23502**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Norfolk, VA 23502

6.1 TITLE

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:

Signature of Mark Benz

8/14/98

757-459-5200

CR2E034 (5/98)