

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandia B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000000883 (7)**

1. Corporation Name

**RER NEW RESOURCES, INC.**



Principal Place of Business

14 PIGEON HILL DR., #300  
STERLING VA 20165

Mailing Address

14 PIGEON HILL DR., #300  
STERLING VA 20165

3. Date Incorporated or Qualified  
**02/22/1995**

3a. Date of Last Report

2. Principal Place of Business

21 **950 HERNDON PARKWAY**

Suite, Apt. #, etc.

22 **SUITE 200**

City & State

23 **HERNDON, VA**

Zip

24 **22070**

Country

25

2a. Mailing Address

26 **950 HERNDON PARKWAY**

Suite, Apt. #, etc.

27 **SUITE 200**

City & State

28 **HERNDON, VA**

Zip

29 **22070**

Country

30

4. FEI Number  
**54-1738626**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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 607.0507 and 607.0508, 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 607.0405, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Secretary or Treasurer

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	KALLIVOKAS, CHRISTOPHER	
STREET ADDRESS	14 PIGEON HILL DR., #300	
CITY-STATE-ZIP	STERLING VA 20165	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KALLIVOKAS, PATRICIA	
STREET ADDRESS	14 PIGEON HILL DR., #300	
CITY-STATE-ZIP	STERLING VA 20165	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LEVY, BRUCE M	
STREET ADDRESS	1120 19TH ST., N.W., #800	
CITY-STATE-ZIP	WASHINGTON DC 20036	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	<b>950 HERNDON PARKWAY, # 200</b>
4. CITY-STATE-ZIP	<b>HERNDON, VA 22070</b>
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	<b>950 HERNDON PARKWAY, # 200</b>
8. CITY-STATE-ZIP	<b>HERNDON, VA 22070</b>
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(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 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 a attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/5/96* *703/742-6989*  
DATE OF PREPARATION

CR2E034 (12/95)