

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90147 006 ***150.00

DOCUMENT # F95000001340

1. Entity Name

HENDRICKS CONSULTING, INC.

Principal Place of Business

**1825 I ST., N.W.
SUITE 400
WASHINGTON DC 20006**

Mailing Address

**1825 I ST., N.W.
SUITE 400
WASHINGTON DC 20006**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**GRAY, DONALD F
11 CATALDA CT.
HOMOSASSA FL 34446**

7. Name and Address of New Registered Agent

Name **MARGARET J. GRAY**

Street Address (P.O. Box Number is Not Acceptable)
4204 COBBLESTONE COURT

City **ORLANDO**

FL

Zip Code **32810**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Margaret J. Gray

(NOTE: Registered Agent signature required when reinstating)

April 6-2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PTD HENDRICKS, CHARLES F**
STREET ADDRESS **3521 LELAND ST.**
CITY-ST-ZIP **CHEVY CHASE MD 20815**

TITLE ☐ Delete
NAME **V MYERS, REBECCA A**
STREET ADDRESS **5506 BURLEY CT.**
CITY-ST-ZIP **BURKE VA 22015**

TITLE ☐ Delete
NAME **S HENDRICKS, PATRICIA G**
STREET ADDRESS **3521 LELAND ST.**
CITY-ST-ZIP **CHEVY CHASE MD 20815**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chas F. Hendricks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/01 202-429-2105

CR2E034 (10/00)

UBR04/03