

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000002962 (7)

1. Corporation Name  
MRJ GROUP, INC.

Principal Place of Business  
10560 ARROWHEAD DR.  
FAIRFAX VA 22030-7305

Mailing Address  
10560 ARROWHEAD DR.  
FAIRFAX VA 22030-7305



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1995		3a. Date of Last Report 11/22/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 54-1084758		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301				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 607.0502 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	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIESSEN, J. KENNETH	1.2 NAME	
STREET ADDRESS	401 12TH STREET, SOUTH, #2111	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22202	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFSTUTLER, ROBERT M	2.2 NAME	
STREET ADDRESS	812 CROOKED CROW LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREAT FALLS VA 22086	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSHNER, HARVEY D	3.2 NAME	
STREET ADDRESS	5450 WHITLEY PARK TERR., UNIT 613	3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20814	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMAHON, EDWARD P	4.2 NAME	
STREET ADDRESS	8224 INVERNESS HOLLOW TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, ROBERT M	5.2 NAME	
STREET ADDRESS	11611 AUBURN GROVE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA 22094	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLIGAN, WILLIAM J	6.2 NAME	
STREET ADDRESS	3304 SADDLESTONE COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	OAKTON VA 22124	6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director  
William J. Milligan 4/29/97 (703)277-1706

CR2E034 (9/96)