

FILE NOW. FILING FEE AFTER MAY 1ST IS \$350.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90129 039 ***150.00

DOCUMENT # F95000002962

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1995

4. FEI Number

54-1084758

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
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 C ☐ DELETE

NAME DRIESSEN, J. KENNETH

STREET ADDRESS 1600 S EADS ST APT 408-S

CITY-ST-ZIP ARLINGTON VA 22202

TITLE D ☐ DELETE

NAME HUFFSTUTLER, ROBERT M

STREET ADDRESS 1808 OLD MEADOW RD APT 108

CITY-ST-ZIP MCLEAN VA 22102

TITLE D ☐ DELETE

NAME KUSHNER, HARVEY D

STREET ADDRESS 5450 WHITLEY PARK TERR., UNIT 613

CITY-ST-ZIP BETHESDA MD 20814

TITLE P ☐ DELETE

NAME MCMAHON, EDWARD P

STREET ADDRESS 8224 INVERNESS HOLLOW TERRACE

CITY-ST-ZIP POTOMAC MD 20854

TITLE V ☐ DELETE

NAME FARRELL, ROBERT M

STREET ADDRESS 11611 AUBURN GROVE COURT

CITY-ST-ZIP RESTON VA 22094

TITLE S ☐ DELETE

NAME MILLIGAN, WILLIAM J

STREET ADDRESS 3304 SADDLESTONE COURT

CITY-ST-ZIP OAKTON VA 22124

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

W. J. Milligan, Treasurer & CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/99 (703) 277-1706

Date

Daytime Phone #