

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90109 008 ***150.00

DOCUMENT # **F95000005006**

1. Corporation Name
RESEARCH PLANNING, INC.

Principal Place of Business
**6400 ARLINGTON BLVD., #1100
FALLS CHURCH VA 22042**

Mailing Address
**6400 ARLINGTON BLVD., #1100
FALLS CHURCH VA 22042**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/13/1995

4. FEI Number
54-1441003

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**

ent year Intangible
☐ Yes ☒ No

Registered Agent

(a)

FL 85 Zip Code

purpose of changing its registered
the appointment as registered

DATE **Jan 99**

ERS AND DIRECTORS IN 12
☐ Change ☐ Addition

☐ Change ☐ Addition

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29

9. Name an

**BERNARD, DANIEL
2909 BAY TO BAY
#301
TAMPA FL 33629**

*Harry the
orig Docu
Thanks*

11. Pursuant to the provisions c
office or registered agent, o
agent. I am familiar with, a

SIGNATURE *[Signature]*
Signature, typed or printed

12.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEPO
REYNALDO, MA
6400 ARLINGTO
FALLS CHURCH**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
LYON, CHARLES
6400 ARLINGTON
FALLS CHURCH VA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPF
DOWIE, JON W
6400 ARLINGTON BLVD, #1100
FALLS CHURCH VA 22042**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
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☐ DELETE

TITLE
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CITY-ST-ZIP
☐ DELETE

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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: *Shelley A. Kipchoi* Finance 1/19/99 237-8061
Signature and typed or printed name of signing officer or director

CR2E034 (11/98)