

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005641 (4)

1. Corporation Name

THE RUTHERFORD INSTITUTE, INC.



Principal Place of Business

P.O. BOX 7482
CHARLOTTEVILLE VA 29069-7482

Mailing Address

P.O. BOX 7482
CHARLOTTEVILLE VA 29069-7482

3. Date Incorporated or Qualified
11/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1445 E Rio Road**

26 **P.O. Box 7482**

4. FEI Number
52-1267484

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 City & State

28 City & State

Charlottesville, va

Charlottesville, VA

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 Zip Country

29 Zip Country

22901

22906-7482

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEMS
660 E JEFFERSON STREET
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 617.0502 and 617.1508, 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 617.0503, 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 **P/D** ☐ DELETE
NAME **WHITEHEAD, JOHN W**
STREET ADDRESS **RT 1 BOX 207D**
CITY-ST-ZIP **CULPEPPER VA**

TITLE **D** ☐ DELETE
NAME **BUCHFUEHER, JIM**
STREET ADDRESS **17240 LAUREL ROAD**
CITY-ST-ZIP **LOS GATOS CA**

TITLE **ST/D** ☐ DELETE
NAME **LARSON, LOUIS A**
STREET ADDRESS **1564 RIATA ROAD**
CITY-ST-ZIP **PEBBLE BEACH CA**

TITLE **V** ☒ DELETE
NAME **THOMAS, CAL**
STREET ADDRESS **470 SOUTH UNION STREET**
CITY-ST-ZIP **ALEXANDRIA VA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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*****61.25**

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John W. Whitehead

2-12-96

804 978-3888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #