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Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

1445 E RIO RD
CHARLOTTESVILLE VA 22901

Mailing Address

P.O. BOX 7482
CHARLOTTESVILLE VA 22906-7482



SEE ATTACHED

3. Date Incorporated or Qualified ~~11/17/1995~~ 11/16/82 3a. Date of Last Report 03/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

52-1267484

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 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 PD ☐ 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 STD ☒ DELETE
NAME LARSON, LOUIS A
STREET ADDRESS 1564 RIATA ROAD
CITY-ST-ZIP PEBBLE BEACH CA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 TREASURER/SECRETARY ☐ Change ☒ Addition
1.2 NAME DONOVAN CAMPBELL, JR.
1.3 STREET ADDRESS 2777 STEMMONS FREEWAY STE #1080
1.4 CITY-ST-ZIP DALLAS, TX 75207

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME MICHAEL MASTERS
2.3 STREET ADDRESS 540 HOSPITAL DRIVE
2.4 CITY-ST-ZIP CUDE, NC 28721

3.1 TITLE DIRECTOR ☐ Change ☒ Addition
3.2 NAME CECILIA HUCKESTEIN
3.3 STREET ADDRESS 9876 WILSHIRE BLVD
3.4 CITY-ST-ZIP BEVERLY HILLS, CA 90210

4.1 TITLE DIRECTOR ☐ Change ☒ Addition
4.2 NAME PAUL HUSTED
4.3 STREET ADDRESS 501 FIRST AVENUE SOUTH
4.4 CITY-ST-ZIP GREAT FALLS, MT 59401

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

SIGNATURE:

SIGNATURE REQUIRED WHITEHEAD

2/10/97

804-979-3888

CF2E037 (9/96)