

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 08, 1999 8:00 am
Secretary of State

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/17/1995

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEMS
660 E JEFFERSON STREET
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 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
NAME WHITEHEAD, JOHN W
STREET ADDRESS RT 1 BOX 207D
CITY-ST-ZIP CULPEPPER VA

TITLE TS
NAME CAMPBELL, DONOVAN J
STREET ADDRESS 2777 STEMMONS FREEWAY, SUITE 1080
CITY-ST-ZIP DALLAS TX

TITLE VP
NAME MASTERS, MICHAEL
STREET ADDRESS 540 HOSPITAL DRIVE
CITY-ST-ZIP CLYE NC

TITLE D
NAME JOHNSTON, A ERIC ESQ
STREET ADDRESS 2100 A SOUTHBRIDGE PARKWAY, SUITE 376
CITY-ST-ZIP BIRMINGHAM AL 35209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 **TREASURER** ☒ 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 **SECRETARY** ☒ Change ☐ Addition
4.2 NAME **JOHNSTON, A. ERIC**
4.3 STREET ADDRESS **2700 Highway 280, STE 220 WEST**
4.4 CITY-ST-ZIP **BIRMINGHAM, AL 35223**

5.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
5.2 NAME **ALEXIS E. CROW, ESQ**
5.3 STREET ADDRESS **206 SURREY ROAD**
5.4 CITY-ST-ZIP **CHARLOTTESVILLE, VA 22901**

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 617, 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:

SIGNATURE *John W. Whitehead, President*

2/25/99

804-978-3888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)