

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 28, 2002 8:00 am**
Secretary of State

03-28-2002 90018 027 ****61.25

0091681

DOCUMENT # F95000005641

1. Entity Name

THE RUTHERFORD INSTITUTE, INC.

Principal Place of Business

Mailing Address

**1445 E RIO RD
CHARLOTTESVILLE VA 22901****P.O. BOX 7482
CHARLOTTESVILLE VA 22906-7482**

2. Principal Place of Business

112 Whitewood Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Charlottesville, VA

City & State

Zip

22901

Country

Zip

Country

4. FEI Number

52-1267484

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEMS
660 E JEFFERSON STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	WHITEHEAD, JOHN W			
	RT 1 BOX 207D			
	CULPEPPER VA			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	T			
	CAMPBELL, DONOVAN J			
	2777 STEMMONS FREEWAY, SUITE 1080			
	DALLAS TX			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	VP			
	MASTERS, MICHAEL			
	540 HOSPITAL DRIVE			
	CLYE NC			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	S			
	CROW, ALEXIS I ESQ			
	206 SURREY RD			
	CHARLOTTESVILLE VA 22901			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	MAQUIRE, LINDA			
	18 SYMONS STREET			
	ETOBICOKE, ONT, CANADA M8-V1T6			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:**SIGNATURE OF REGISTERED AGENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/02**434-978-3888**

CR2E037 (9/01)