



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90006 012 ****61.25

DOCUMENT # F95000005641 1. Entity Name THE RUTHERFORD INSTITUTE, INC.					
Principal Place of Business 112 WHITEWOOD ROAD CHARLOTTESVILLE, VA 22901			Mailing Address P.O. BOX 7482 CHARLOTTESVILLE, VA 22906-7482		
2. Principal Place of Business 1440 Sacher Place Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Charlottesville, VA Zip 22901		City & State Zip Country		4. FEI Number 52-1267484	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="text-align: right;">FL Zip Code</div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITEHEAD, JOHN W 7373 CRIPPLE CREEK RD. AFTON, VA 22920	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, DONOVAN J 2777 STEMMONS FREEWAY, SUITE 1080 DALLAS, TX	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Neuberger, Thomas S. Two East Seventh Street, #302 Wilmington, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D MASTERS, MICHAEL 540 HOSPITAL DRIVE CLYE, NC	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROW, ALEXIS I ESQ 206 SURREY RD CHARLOTTESVILLE, VA 22901	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Neuberger, Thomas S. Two East Seventh Street #302 Wilmington, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAQUIRE, LINDA 50 PRINCE ARTHUR AVE., STE 901 TORONTO, ONTARIO, CA M5R 1B5	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D maquire, Linda 44 St. Joseph Street #1408 Toronto, ONT CAN M4Y 2W4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilson, Fred 1449 Chase Lane El Cajon CA 92020
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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
John W. Whitehead President				Date 5-10-04	
Daytime Phone # 434 970 3888					

Attachment

F95000005641

COPILEVITZ & CANTER, LLC

ATTORNEYS AT LAW

423 W. EIGHTH STREET
SUITE 400
KANSAS CITY, MISSOURI 64105
(816) 472-9000 • FAX (816) 472-5000
EMAIL copcankc@cckc-law.com

54053228

May 18, 2004

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: The Rutherford Institute
Corporation No. F95000005641

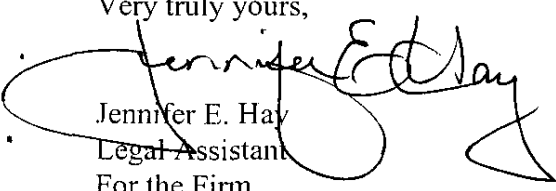
Dear Sir/Madam:

Enclosed please find the 2004 Annual Report for the above referenced charitable organization. Accompanying this Report is a check in the amount of \$61.25 for the required filing fee.

It is my understanding receipt of this Annual Report will maintain The Rutherford Institute as a foreign, non-profit corporation in "good standing" with the state of Florida. Please forward confirmation of receipt of this Report at your earliest convenience.

Thank you in advance for your attention in this matter. Should you have any questions or require further information, please contact my office.

Very truly yours,


Jennifer E. Hay
Legal Assistant
For the Firm

:jeh
Enclosure