2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005641

Title:

Name:

Address:

City-St-Zip:

FILED May 11, 2006 Secretary of State

Entity Name: THE RUTHERFORD INSTITUTE, INC.			
Current Principal Place of Business:		New Principal Place of Business:	
1440 SACH CHARLOTT	EM PLACE TESVILLE, VA 22901 US		
Current Mailing Address:		New Mailing Address:	
P.O. BOX 7 CHARLOT	482 ESVILLE, VA 229067482		
	52-1267484 FEI Number Applied For() FEI Nu e with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent:	imber Not Applicable () the prior notice. Name and Address of I	Certificate of Status Desired ()
1200 S. PIN PLANTATIO	DRATION SYSTEMS E ISLAND ROAD DN, FL 33324 US		
The above in the State	named entity submits this statement for the purpose of Florida.	of changing its registered of	office or registered agent, or both,
SIGNATUR	E:		
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete WHITEHEAD, JOHN W 7373 CRIPPLE CREEK RD. AFTON, VA 22920	Title: (Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	T () Delete NEUBERGER, THOMAS S TWO EAST SEVENTH STREET, #302 WILMINGTON, DE 19801	Title: (Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	VP () Delete MASTERS, MICHAEL 540 HOSPITAL DRIVE CLYDE, NC 28721	Title: (Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	S () Delete NEUBERGER, THOMAS S TWO EAST SEVENTH STREET, #302 WILMINGTON, DE 19801	Title: (Name: Address: City-St-Zip:) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN W. WHITEHEAD **PRES** 05/11/2006

() Delete

WILSON, FRED

1449 CHASE LANE

EL CAJON, CA 92020

(X) Change () Addition

WILLSON, FRED

1449 CHASE LANE

EL CAJON, CA 92020