

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005641

FILED
Jan 04, 2012
Secretary of State

Entity Name: THE RUTHERFORD INSTITUTE, INC.

Current Principal Place of Business:

1440 SACHEM PLACE
CHARLOTTESVILLE, VA 22901 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7482
CHARLOTTESVILLE, VA 229067482

New Mailing Address:

FEI Number: 52-1267484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WHITEHEAD, JOHN W
Address: 1236 RAINTREE DRIVE
City-St-Zip: CHARLOTTESVILLE, VA 22901

Title: T
Name: NEUBERGER, THOMAS S
Address: TWO EAST SEVENTH STREET, #302
City-St-Zip: WILMINGTON, DE 19801

Title: VP
Name: MASTERS, MICHAEL
Address: 540 HOSPITAL DRIVE
City-St-Zip: CLYDE, NC 28721

Title: S
Name: NEUBERGER, THOMAS S
Address: TWO EAST SEVENTH STREET, #302
City-St-Zip: WILMINGTON, DE 19801

Title: MR
Name: SMYTHE, BRUCE
Address: 10025 EL PINAR DRIVE
City-St-Zip: KNOXVILLE, TN 37922

Title: DR
Name: GELBURD, GREG
Address: 313 2ND STREET, S E, #300
City-St-Zip: CHARLOTTESVILLE, VA 22902

I hereby 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 all other like empowered.

SIGNATURE: JOHN W. WHITEHEAD

PRES

01/04/2012

Electronic Signature of Signing Officer or Director

Date