

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90091 024 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME **PD**
STREET ADDRESS **WHITEHEAD, JOHN W**
CITY-ST-ZIP **RT 1 BOX 207D
CULPEPPER VA**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7373 Cripple Creek Rd**
CITY-ST-ZIP **Afton, VA 22920**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **CAMPBELL, DONOVAN J**
CITY-ST-ZIP **2777 STEMMONS FREEWAY, SUITE 1080
DALLAS TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CROW, ALEXIS I ESQ**
CITY-ST-ZIP **206 SURREY RD
CHARLOTTESVILLE VA 22901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MAQUIRE, LINDA**
CITY-ST-ZIP **18 SYMONS STREET
ETOBICOKE, ONT, CANADA M8-V1T6**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **50 Prince Arthur Ave., Suite 901**
CITY-ST-ZIP **Toronto, ONT Canada
M5R 1B5**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: SIGNATURE REQUIRED

4/9/03 (434) 978-3888

CR2E037 (10/02)