

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90003 041 \*\*\*550.00

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**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F96000004760**

1. Corporation Name  
**KALUDIS CONSULTING GROUP, INC.**



Principal Place of Business: 1055 THOMAS JEFFERSON ST., NW WASHINGTON DC 20007  
 Mailing Address: 1055 THOMAS JEFFERSON ST., NW WASHINGTON DC 20007

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/16/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>62-1654053</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	SVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALUDIS, GEORGE	1.2 NAME	STEVENS JOHN
STREET ADDRESS	1055 THOMAS JEFFERSON ST., NW, STE. 400	1.3 STREET ADDRESS	1055 THOMAS JEFFERSON ST NW STE 400
CITY-ST-ZIP	WASHINGTON DC 20007	1.4 CITY-ST-ZIP	WASHINGTON DC 20007
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALUDIS, GEORGE	2.2 NAME	RAKATANSKY, CAROL
STREET ADDRESS	1055 THOMAS JEFFERSON ST., NW, STE. 400	2.3 STREET ADDRESS	11600 SALLIE MAE DRIVE
CITY-ST-ZIP	WASHINGTON DC 20007	2.4 CITY-ST-ZIP	RESTON VIRGINIA 20193
TITLE	SVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, BARRY	3.2 NAME	STRANG, PETER
STREET ADDRESS	1055 THOMAS JEFFERSON ST., NW, STE. 400	3.3 STREET ADDRESS	11600 SALLIE MAE DRIVE
CITY-ST-ZIP	WASHINGTON DC 20007	3.4 CITY-ST-ZIP	RESTON VIRGINIA 20193
TITLE	SVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HESTER, P. LAWRENCE L	4.2 NAME	LEYDON JOHN
STREET ADDRESS	1055 THOMAS JEFFERSON ST., NW, STE. 400	4.3 STREET ADDRESS	1055 THOMAS JEFFERSON ST NW STE 400
CITY-ST-ZIP	WASHINGTON DC 20007	4.4 CITY-ST-ZIP	WASHINGTON DC 20007
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	BRUNER, BUDDY	5.2 NAME	
STREET ADDRESS	1055 THOMAS JEFFERSON ST., NW, STE. 400	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20007	5.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	STEVENS, JOHN	6.2 NAME	
STREET ADDRESS	1055 THOMAS JEFFERSON ST., NW, STE. 400	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20007	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol Rakatansky* **SIGNATURE REQUIRED** Carol R. Rakatansky, July 19, 1999 (703) 810-3000  
 Assistant Secretary

CR2E034 (5/99)