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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000005371 (7)**

1. Corporation Name
~~MILITARY PROFESSIONAL RESOURCES, INC~~
MPRI, INC.

Principal Place of Business	Mailing Address
1201 EAST ABINGDON DR. SUITE 425 ALEXANDRIA VA 22314	1201 EAST ABINGDON DR. SUITE 425 ALEXANDRIA VA 22314-1493

3. Date Incorporated or Qualified: 10/16/1996
3a. Date of Last Report: 10/16/96

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 54-1439937 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD KROESEN, FREDERICK J 1201 E ABINGDON DR., STE 425 ALEXANDRIA VA	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 000002157860 -04/29/97--01042--004 ***165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEWIS JR, VERNON B 1201 E ABINGDON DR., STE 425 ALEXANDRIA VA	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition D - Director Carl E. Vuono 1201 E.Abingdon Drive Suite #425 Alexandria, VA 22314
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TREFRY, RICHARD 1201 E ABINGDON DR., STE 425 ALEXANDRIA VA	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition D - Director Trefry, Richard 1201 E. Abingdon Dr. Ste # 425 Alexandria, VA 22314
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WEST, RICHARD L 1201 E ABINGDON DR., STE 425 ALEXANDRIA VA	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD - Chief Financial Officer ☐ Change ☒ Addition VP TD Raphael Hallada 1201 E. Abingdon Dr. Ste # 425 Alexandria, VA 22314
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEWIS, VERNON B 1201 E ABINGDON DR., STE 425 ALEXANDRIA VA	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition PD - President Director Lewis, Vernon B. 1201 E. Abingdon Dr. Ste #425 ~~Alexandria, VA 22314~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WOOD SR, ROBERT D 1201 E ABINGDON DR., STE 425 ALEXANDRIA VA	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☒ Change ☐ Addition Secretary - S Wood, Robert 1201 E. Abingdon Dr. Ste #425 Alexandria, VA 22314

CR2E034 (9/96)

14. I do 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: ~~SIGNATURE REQUIRED~~ Raphael Hallada 6 Mar 97 703-684-0853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #