

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90018 006 ***150.00

DOCUMENT # F99000000548

1. Entity Name

MHM CORRECTIONAL SERVICES, INC.



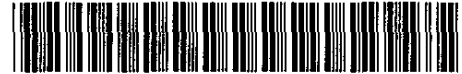
Principal Place of Business

8605 WESTWOOD CENTER DR
STE 400
VIENNA VA 22182

Mailing Address

8605 WESTWOOD CENTER DR
STE 400
VIENNA VA 22182

54022395



MOORE CR2E034 (11/03)

2. Principal Place of Business

1593 SPANG HILL ROAD

Suite, Apt. #, etc.

SUITE 610

City & State

VIENNA VA

Zip

22182

Country

USA

3. Mailing Address

1593 SPANG HILL ROAD

Suite, Apt. #, etc.

SUITE 610

City & State

VIENNA VA

Zip

22182

Country

USA

4. FEI Number

54-1856340

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WILLIAM, FERRE HI
STREET ADDRESS 8605 WESTWOOD CENTER DR. STE 400
CITY-ST-ZIP VIENNA VA 22182

TITLE P ☐ Delete
NAME WHEELER, STEVEN H
STREET ADDRESS 8605 WESTWOOD CENTER DR. STE 400
CITY-ST-ZIP VIENNA VA 22182

TITLE V ☐ Delete
NAME CHUNN, PATRICK
STREET ADDRESS 8605 WESTWOOD CENTER DR. STE 400
CITY-ST-ZIP VIENNA VA 22182

TITLE D ☐ Delete
NAME SANDLER, MICHAEL
STREET ADDRESS 8605 WESTWOOD CENTER DR. STE. 400
CITY-ST-ZIP VIENNA VA 22182

TITLE D ☐ Delete
NAME SHIPON, JOHN
STREET ADDRESS 8605 WESTWOOD CENTER DR. STE. 400
CITY-ST-ZIP VIENNA VA 22182

TITLE D ☐ Delete
NAME SILVERMAN, JOHN
STREET ADDRESS 8605 WESTWOOD CENTER DR. STE. 400
CITY-ST-ZIP VIENNA VA 22182

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Change ☒ Addition
NAME MICHAEL S. PINKERT
STREET ADDRESS 1593 SPANG HILL ROAD, SUITE 610
CITY-ST-ZIP VIENNA, VA 22182

TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS 1593 SPANG HILL ROAD SUITE 610
CITY-ST-ZIP VIENNA, VA 22182

TITLE S ☐ Change ☒ Addition
NAME LESLIE M. YOUNG
STREET ADDRESS 1593 SPANG HILL ROAD SUITE 610
CITY-ST-ZIP VIENNA VA 22182

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1593 SPANG HILL ROAD, SUITE 610
CITY-ST-ZIP VIENNA VA 22182

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1593 SPANG HILL ROAD, SUITE 610
CITY-ST-ZIP VIENNA VA 22182

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1593 SPANG HILL ROAD, SUITE 610
CITY-ST-ZIP VIENNA VA 22182

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 607, 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:

Leslie M. Young

LESLIE M. YOUNG, Secretary

703-749-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #