## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # F9900000548  1. Entity Name MHM CORRECTIONAL SERVICES, INC.								05-02-2005	90564 04	l8 ***1 <i>5</i> 0	).00	
Principal Place 1593 SPRINC VIENNA, VA	HILL RD.,	Mailing Address 1593 SPRING HILL R STE 400 VIENNA, VA 22182	RING HILL RD., STE 610				0 10 110 12 111 <b>10</b> 111 1 <b>1</b> 8 11 6					
2. Principal Pl 1593 Suite, Apt.	<u>SPRINI</u> #, etc.		3. Mailing Address 1593 SPRING-HILL Roa Suite, Apt. #, etc.			ad	04202005 Chg-P CR2E034 (10/03)					
Suite 610 City & State VIENNA , VA			Suite 610 City & State VIENNA VA				4. FEI Numb			<del> </del>	olied For	
Zip 321	•	Country	Zip 22182	Cour				e of Status Desired		\$8.75 Addi	tional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD						Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION, FL 33324												
						ty 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												
After Ma	E NOW!!! ay 1, 200	! FEE IS \$150.00 05 Fee will be \$550.0	ncing		.00 May Be ed to Fees							
10.	OFFICERS AND DIRECTORS					150	4 NIDE	CHANGES TO OF		C 05	Taranca .	
TITLE NAME	D □ Delete WILLIAM, FERRE HI					HIC	HAEL S	. PINKER WOTHILL R	من س	— Change ~ C.(∩	Aggillon -	
i e e e e e e e e e e e e e e e e e e e					EET ADDRESS '-St-zip		3 SPRIN	vorhill K	a, suit	E 610		
TITLE	DP	, , , , , , , , , , , , , , , , , , , ,	☐ Delete	TITL		AIE	.10107-	VA Z	<u> </u>	Change	☐ Addition	
NAME STREET ADDRESS	WHEELE	MAN	IE Eet address									
CITY-ST-ZIP												
TITLE	,						RETARY	RITCHEY		☐ Change	Addition	
NAME CHUNN, PATRICK STREET ADDRESS 8605 WESTWOOD CENTER DR. STE 400 ST					ie Eet address	SUS	3 SPRIN		d, su	ITE 61	0-	
• • • • • • • • • • • • • • • • • • •					-ST-ZIP	ViE	NNA ,	VA 22	182-			
TITLE NAME STREET ADDRESS	SANDLER, MICHAEL						,			☐ Change	Addition	
CITY-ST-ZIP	·											
TITLE NAME	D Delete				E IE					☐ Change	☐ Addition	
STREET ADDRESS												
CITY-\$T-ZIP										f"\ at		
TITLE NAME	D   SILVER!	MAN, JOHN	<b>△</b> Delete	E IE					Change	Addition		
STREET ADDRESS 1593 SPRING HILL RD., STE 610			0	STREE								
CITY+ST-ZIP	L	, VA 22182	this filing does not qualify		-ST-ZIP	ed in Se	ction 119 07/3	(i) Florida Statutes	Lifurther cert	ify that the in	formation	
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.												