

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P03124** (5)
1. Corporation Name
RRD COGENERATION INC.

Principal Place of Business 11911 FREEDOM DRIVE #600 RESTON VA 22090-5602	Mailing Address 11911 FREEDOM DRIVE #600 RESTON VA 22090-5602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/22/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3228803	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD WHETTON, DAVID J.	1.2 NAME	
STREET ADDRESS	11911 FREEDOM DRIVE SUITE 600	1.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD DALE, THOMAS P.	2.2 NAME	AS D
STREET ADDRESS	11911 FREEDOM DRIVE SUITE 600	2.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CFOD PATTERSON, KENNETH E.	3.2 NAME	
STREET ADDRESS	11911 FREEDOM DRIVE SUITE 600	3.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DT WINTERS, ROBERT J.	4.2 NAME	
STREET ADDRESS	11911 FREEDOM DRIVE SUITE 600	4.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS SULLIVAN, MARY S	5.2 NAME	S
STREET ADDRESS	11911 FREEDOM DRIVE SUITE 600	5.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *M. Sullivan* **MARY S. SULLIVAN**

2/23/98 (703) 834-1767

CR2E034 (10/97)