


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03124</b> 1. Entity Name RRD COGENERATION INC.	
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02172004 No Chg-P CR2E034 (10/03)

4. FEI Number  
13-3228803

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHETTON, DAVID J. 14850 CONFERENCE CENTER DR. CHANTILLY, VA 20151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALE, THOMAS P. 14850 CONFERENCE CENTER DR. CHANTILLY, VA 20151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONT PATTERSON, KENNETH E. 14850 CONFERENCE CENTER DR. CHANTILLY, VA 20151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADDI, RICHARD 14850 CONFERENCE CTR. DR. CHANTILLY, VA 20151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SULLIVAN, MARY S 14850 CONFERENCE CENTER DR. CHANTILLY, VA 20151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELLIOTT, MICHAEL 14850 CONFERENCE CTR. DR. CHANTILLY, VA 20151

000000087887  
03/15/04-80029-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

 MARY S. SULLIVAN

3/4/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #