

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P05464

(3)

1. Corporation Name

RICHLIN CONSULTANTS, INC.

Principal Place of Business

6107-B ARLINGTON BLVD.
FALLS CHURCH VA 22044-2708

Mailing Address

6107-B ARLINGTON BLVD.
FALLS CHURCH VA 22044-2708

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

FREEDMAN, HOLLY
3428 N.E. 188TH STREET
N. MIAMI BEACH FL 33180

3. Date Incorporated or Qualified

03/28/1985

3a. Date of Last Report

08/14/1996

4. FEI Number

54-1008618

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

800002008438-1

-11/20/96-01031-001

WWW375.00 11/11/96

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 607.0605, Florida Statutes.

SIGNATURE

Holly Freedman

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FROEMMING, RICHARD T.
STREET ADDRESS 12480 SWEET LEAF TERR.
CITY-ST-ZIP FAIRFAX VA

TITLE VOT
NAME HENSEL, LINDA L
STREET ADDRESS 6107-B ARLINGTON BLVD
CITY-ST-ZIP FALLS CHURCH VA

TITLE SD
NAME FROEMMING, KATHLEEN E.
STREET ADDRESS 12480 SWEET LEAF TERRACE
CITY-ST-ZIP FAIRFAX VA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

9-11-96 703-237-1177

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2034 (3/96)