

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P09003 (5)**

1. Corporation Name

**RURAL HOUSING SERVICES, INC.**



Principal Place of Business

Mailing Address

**1025 VERMONT AVENUE, N.W.  
SUITE 606  
WASHINGTON DC 20005-3516**

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SUITE 606  
WASHINGTON DC 20005-3516**

3. Date Incorporated or Qualified <b>02/06/1986</b>	3a. Date of Last Report <b>10/16/1995</b>
4. FEI Number <b>52-1306869</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAGALSKI, BARBARA  
1316 SUMTER STREET  
LEESBURG FL 34749**

81 Name

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

83

84 City

**FL**

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 for printed name of registered agent and then in appropriate

(Name of Registered Agent signature required when not standing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LOZA, MOISES</b>	
STREET ADDRESS	<b>1025 VERMONT AVE NW #606</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FOSTER, JOHN</b>	
STREET ADDRESS	<b>555 BUTTLES AVE.</b>	
CITY-ST-ZIP	<b>COLUMBUS OH</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BERESH, EARNEST</b>	
STREET ADDRESS	<b>218 CENTRAL STREET</b>	
CITY-ST-ZIP	<b>WINCHENDON MA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LOLLIS, DAVE</b>	
STREET ADDRESS	<b>1825 BIG HILL ROAD</b>	
CITY-ST-ZIP	<b>BEREA KY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>D</b>
33 STREET ADDRESS	<b>MARIO LUISA MERCADO</b>
34 CITY-ST-ZIP	<b>5 PARK LANE</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>ELVINSTON, TX</b>
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-20-96**

**(202) 842-8600**

CR2E034 (3/96)