FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P12370** **(3)**

1. Corporate Name

STACKIG, SANDERSON & WHITE, INC.

Principal Place of Business

7680 OLD SPRINGHOUSE ROAD
MCLEAN VA 22102

Mailing Address

7680 OLD SPRINGHOUSE ROAD
MCLEAN VA 22102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/05/1986**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: **53-0259518** ☐ Applied For ☐ Not Applicable

Suite, Apt. # etc.
22

Suite, Apt. # etc.
27

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

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 25 29 30

8. The corporation has liability for intangible tax under s. 199.052, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST
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 **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	S	41 TITLE	☐ Change ☐ Addition
02 NAME	AVELLINO, ANN M	42 NAME	
03 STREET ADDRESS	6611B JUPITER HILLS CIRCLE	43 STREET ADDRESS	
04 CITY ST ZIP	ALEXANDRIA VA	44 CITY ST ZIP	
05 TITLE	PD	45 TITLE	☐ Change ☐ Addition
06 NAME	ROSENFELD, LAURENCE	46 NAME	
07 STREET ADDRESS	9610 REACH RD.	47 STREET ADDRESS	
08 CITY ST ZIP	POTOMAC MD	48 CITY ST ZIP	
09 TITLE	TD	49 TITLE	☐ Change ☐ Addition
10 NAME	LEAGUE, DEBORAH	50 NAME	
11 STREET ADDRESS	4821 N. 29TH STREET	51 STREET ADDRESS	
12 CITY ST ZIP	ARLINGTON VA	52 CITY ST ZIP	
13 TITLE	CEOC	53 TITLE	☐ Change ☑ Addition
14 NAME	O'POGUE, DAVID	54 NAME	
15 STREET ADDRESS	NO ADDRESS AVAILABLE	55 STREET ADDRESS	8020 Cobble Creek Circle
16 CITY ST ZIP	POTOMAC MD	56 CITY ST ZIP	
17 TITLE		57 TITLE	☐ Change ☐ Addition
18 NAME		58 NAME	
19 STREET ADDRESS		59 STREET ADDRESS	
20 CITY ST ZIP		60 CITY ST ZIP	
21 TITLE		61 TITLE	☐ Change ☐ Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 CITY ST ZIP		64 CITY ST ZIP	

14. I declare, under penalty that the information supplied with the filing is voluntarily furnished and 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 with an address, with an exception or exception as noted.

SIGNATURE: Ann Avellino, Secretary 5/1/95 (703) 734-3300

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

0307013 FP