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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10: 13

DOCUMENT # **P19799** **(6)**

1. Corporation Name
RESOURCE CONSULTANTS OF VIRGINIA, INC.

Principal Place of Business	Mailing Address
1960 GALLOWS RD VIENNA VA 22182	1960 GALLOWS RD VIENNA VA 22182

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/24/1988	3a. Date of Last Report: 06/14/1994
4. FEI Number: 54-1108648	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name: THE PRENTICE-HALL CORPORATION SYSTEM, INC
02 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
03: SUITE 105
04 City: TALLAHASSEE FL 05 Zip Code: 32301

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: _____ 20 Mar 95
Signature (type 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	NEWLAN, RONALD S.	1.2 NAME	
STREET ADDRESS	1960 GALLOWS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ROBERT J.	2.2 NAME	
STREET ADDRESS	GREEN HILLS CORP PK.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN HILLS PA	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	ITIN, JAMES R.	3.2 NAME	
STREET ADDRESS	962 FARM HAVEN	3.3 STREET ADDRESS	
CITY-ST-ZIP	WYOMISSING PA	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	TROENDLE, GEORGE	4.2 NAME	
STREET ADDRESS	1960 GALLOWS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, BRIAN A.	5.2 NAME	
STREET ADDRESS	7256-3 GLEN HOLLOW CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANNANDALE VA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	BOGART, DEBORAH	6.2 NAME	
STREET ADDRESS	22A E. HOWELL AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA	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)(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: _____ Brian A. Johnson 20 Mar 95 703 893-6120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0307643 FP