

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P19799 (6)

1. Corporation Name

RESOURCE CONSULTANTS OF VIRGINIA, INC.



Principal Place of Business

1960 GALLOWS RD
VIENNA VA 22182

Mailing Address

1960 GALLOWS RD
VIENNA VA 22182

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

25

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/24/1988

3a. Date of Last Report

03/27/1995

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

10. Name and Address of New Registered Agent

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 or printed name of registered agent or director if applicable

(NOTE: Registered Agent signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	NEWMAN, RONALD S.	
STREET ADDRESS	1960 GALLOWS RD	
CITY- ST- ZIP	VIENNA VA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT J.	
STREET ADDRESS	GREEN HILLS CORP PK.	
CITY- ST- ZIP	GREEN HILLS PA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ITIN, JAMES R.	
STREET ADDRESS	962 FARM HAVEN	
CITY- ST- ZIP	WYOMISSING PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TROENDLE, GEORGE	
STREET ADDRESS	1960 GALLOWS RD	
CITY- ST- ZIP	VIENNA VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, BRIAN A.	
STREET ADDRESS	7256-3 GLEN HOLLOW CT.	
CITY- ST- ZIP	ANNANDALE VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOGART, DEBORAH	
STREET ADDRESS	22A E. HOWELL AVENUE	
CITY- ST- ZIP	ALEXANDRIA VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD THOMAS F. HAFCR
2.3 STREET ADDRESS	79 FLINT RIDGE DRIVE
2.4 CITY- ST- ZIP	SHILLINGTON, PA 19407
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D PAUL H. SNYDER
3.3 STREET ADDRESS	1354 PATRICK HENRY DRIVE
3.4 CITY- ST- ZIP	PHOENIXVILLE, PA 19460
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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

Date:

(703) 8936120
Daytime Phone:

CR2E034 (12/95)