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FILED  
Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
1960 GALLOWES RD 1960 GALLOWES RD  
VIENNA VA 22182 VIENNA VA 22182-3824

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

3. Date Incorporated or Qualified 3a. Date of Last Report  
06/24/1988 03/25/1996  
4. FEI Number Applied For  
54-1108648 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution ☐ Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYS 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 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 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWLAN, RONALD S.	1.2 NAME	
STREET ADDRESS	1960 GALLOWES RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, F. HAER	2.2 NAME	
STREET ADDRESS	79 FLINT RIDGE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHILLINGTON PA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL H. SNYDER	3.2 NAME	
STREET ADDRESS	1354 PATRICK HENRY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIXVILLE PA	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROENDLE, GEORGE	4.2 NAME	
STREET ADDRESS	1960 GALLOWES RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

*[Signature]*

4/21/97

763 882 6120

CR2E034 (9/96)