4-24-95 B-4213-C

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P20976** **(7)**

1. Corporation Name
ICF CONSULTING ASSOCIATES, INC.

Principal Place of Business	Mailing Address
9300 LEE HIGHWAY FAIRFAX VA 22031-1207	9300 LEE HIGHWAY ROOM 1264 FAIRFAX VA 22031-1207 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1988	3a. Date of Last Report: 06/03/1994
4. FEI Number: 54-1437975	☐ 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

CORPORATION SERVICE COMPANY
1201 HAYES STREET
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BARTH, MICHAEL C	1.2 NAME	Michael C. Barth	
STREET ADDRESS	9300 LEE HIGHWAY	1.3 STREET ADDRESS	9300 Lee Highway	
CITY-ST-ZIP	FAIRFAX VA	1.4 CITY-ST-ZIP	Fairfax VA 22031	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	WEEKS, PAUL, II	2.2 NAME		
STREET ADDRESS	9300 LEE HIGHWAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX VA	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	SPOEHEL, RONALD R.	3.2 NAME	Kenneth L. Campbell	
STREET ADDRESS	9300 LEE HIGHWAY	3.3 STREET ADDRESS	9300 Lee Highway #	
CITY-ST-ZIP	FAIRFAX VA	3.4 CITY-ST-ZIP	Fairfax VA 22031	
TITLE	AS	4.1 TITLE		☐ Change ☐ Addition
NAME	HATHAWAY, CYNTHIA L.	4.2 NAME		
STREET ADDRESS	9300 LEE HIGHWAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX VA	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	Director	☐ Change ☒ Addition
NAME		5.2 NAME	George F Brown	
STREET ADDRESS		5.3 STREET ADDRESS	9300 Lee Highway	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Fairfax VA 22031	
TITLE		6.1 TITLE	AS	☐ Change ☒ Addition
NAME		6.2 NAME	John T Cassella	
STREET ADDRESS		6.3 STREET ADDRESS	9300 Lee Highway	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fairfax VA 22031	

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: John T. Cassella JOHN T. CASSELLA 4-17-95 703 934 3313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0997637 FP