


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P20976** (7)

1. Corporation Name  
**ICF CONSULTING ASSOCIATES, INC.**

Principal Place of Business  
**9300 LEE HIGHWAY  
FAIRFAX VA 22031-1207**

Mailing Address  
**9300 LEE HIGHWAY  
ROOM 1284  
FAIRFAX VA 22031-1207  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>9300 Lee Highway</b>		26 <b>9300 Lee Highway</b>		<b>09/21/1988</b>	<b>08/12/1996</b>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 <b>Attn: Howland</b>		<b>54-1437975</b>	Not Applicable
24 Zip		29 <b>Fairfax VA</b>		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
25 Country		30 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTH, MICHAEL C</b>	1.2 NAME	
STREET ADDRESS	<b>9300 LEE HIGHWAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEEKS, PAUL, II</b>	2.2 NAME	
STREET ADDRESS	<b>9300 LEE HIGHWAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NASON, RICHARD K.</b>	3.2 NAME	<b>Treasurer</b>
STREET ADDRESS	<b>9300 LEE HIGHWAY</b>	3.3 STREET ADDRESS	<b>Kenneth D. Campbell</b>
CITY-ST-ZIP	<b>FAIRFAX VA</b>	3.4 CITY-ST-ZIP	<b>9300 Lee Highway</b>
TITLE	<b>AS</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HATHAWAY, CYNTHIA L.</b>	4.2 NAME	<b>Asst Secretary</b>
STREET ADDRESS	<b>9300 LEE HIGHWAY</b>	4.3 STREET ADDRESS	<b>Catherine N. Howland</b>
CITY-ST-ZIP	<b>FAIRFAX VA</b>	4.4 CITY-ST-ZIP	<b>9300 Lee Highway</b>
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, GEORGE F</b>	5.2 NAME	
STREET ADDRESS	<b>9300 LEE HIGHWAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASSELLA, JOHN T</b>	6.2 NAME	
STREET ADDRESS	<b>9300 LEE HIGHWAY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	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: **Catherine N. Howland**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/97  
Date

703  
934-3112  
Daytime Phone #

CR2E034 (9/96)