

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P24816

(1)

1. Corporation Name
ICF RESOURCES INCORPORATED



Principal Place of Business

9300 LEE HIGHWAY
FAIRFAX VA 22031-1207

Mailing Address

9300 LEE HIGHWAY
FAIRFAX VA 22031-1207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1989

4. FEI Number

54-1500263

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SUDHAKAR, KESAVAN
STREET ADDRESS 9300 LEE HIGHWAY
CITY-ST-ZIP FAIRFAX VA 22031

☐ DELETE

TITLE V
NAME VICINUS, GARY W
STREET ADDRESS 9300 LEE HIGHWAY
CITY-ST-ZIP FAIRFAX VA 22031

☐ DELETE

TITLE VCFO
NAME LOWDEN, GEORGE T III
STREET ADDRESS 9300 LEE HIGHWAY
CITY-ST-ZIP FAIRFAX VA 22031

☐ DELETE

TITLE T
NAME CAMPBELL, KENNETH L
STREET ADDRESS 9300 LEE HIGHWAY
CITY-ST-ZIP FAIRFAX FL 22031

☒ DELETE

TITLE AT
NAME O'CONNOR, TIMOTHY P
STREET ADDRESS 9300 LEE HIGHWAY
CITY-ST-ZIP FAIRFAX VA 22031

☐ DELETE

TITLE S
NAME WEEKS, PAUL II
STREET ADDRESS 9300 LEE HIGHWAY
CITY-ST-ZIP FAIRFAX VA 22031

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE EVP/D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE SVP/CFO ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Treasurer ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Michael K. Goldman ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE 9300 Lee Highway ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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]

7/13/98

703-934-3103

CR2E034 (5/98)