

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90048 036 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**DOCUMENT # P24816**  
1. Corporation Name  
**ICF RESOURCES INCORPORATED**

**(1)**



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

2a. Mailing Address

**21 c/o S. Little**

**26 c/o S. Little**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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** ☐ DELETE  
NAME **SUDHAKAR, KESAVAN**  
STREET ADDRESS **9300 LEE HIGHWAY**  
CITY-ST-ZIP **FAIRFAX VA 22031**

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director and EVP** ☒ Change ☐ Addition  
1.2 NAME **Sudhakar Kesavan**  
1.3 STREET ADDRESS **9300 Lee Highway**  
1.4 CITY-ST-ZIP **Fairfax, VA 22031-1207**

2.1 TITLE **President** ☒ Change ☐ Addition  
2.2 NAME **Gary W. Vicinus**  
2.3 STREET ADDRESS **9300 Lee Highway**  
2.4 CITY-ST-ZIP **Fairfax, VA 22031-1207**

3.1 TITLE **SVP and CFO** ☒ Change ☐ Addition  
3.2 NAME **George T. Lowden, III**  
3.3 STREET ADDRESS **9300 Lee Highway**  
3.4 CITY-ST-ZIP **Fairfax, VA 22031-1207**

4.1 TITLE **Treasurer** ☐ Change ☒ Addition  
4.2 NAME **Timothy P. O'Connor**  
4.3 STREET ADDRESS **9300 Lee Highway**  
4.4 CITY-ST-ZIP **Fairfax, VA 22031-1207**

5.1 TITLE **Assistant Treasurer** ☐ Change ☒ Addition  
5.2 NAME **Shaun M. Martin**  
5.3 STREET ADDRESS **9300 Lee Highway**  
5.4 CITY-ST-ZIP **Fairfax, VA 22031-1207**

6.1 TITLE ☐ 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:

**REQUIRED**

**Paul Weeks, II / Secretary**

**4-28-99 703/934-3600**

Daytime Phone # 000511

CR2E034 (10/97)