DOCUMENT # P24816  1. Entity Name  ICF RESOURCES INCORPORATED								May 19, 2000 8:00 am Secretary of State						
Principal Place of Business				Mailing Address					,	)3-19-2000 90001	000	136.	.73	
C/O S LITTLE 1900 LEE HIGHWAY AIRFAX VA 22031-1207				C/O S LITTLE 9300 LEE HIGHWAY FAIRFAX VA 22031-1207				1 ( <b>188</b> ):/	- 101 an 111		DIDII D	11811 BJBJ1 D121	4 <b>8</b> (8) ( 18 <b>6</b> )	
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State				City & State		<b>4.</b> F	4. FEI Number 54-1500263				<u> </u>	oplied For ot Applicable		
Zip		Country.		Zip	Cour	ntry	5. (	Certifica	ate of S	tatus Desired 😾		8.75 Add ee Require		
	6. Name	and Address of (	gistered Agent			7. N	7. Name and Address of New Regist				gent			
						Name								
CORPORATION SERVICE COMPANY 1201 HAYES STREET						Street Ad	Street Address (P.O. Box Number is Not Acceptable)							
TALL	AHASSEE F	L 32301												
						City					FL.	Zip Code	e	
9. The above	nomed onth		most for th	e purpose of changing its	- rogietor	ad office or	registered age	ent or	hoth in	_ <del></del> _				
a. The above	a uarried etimi	A súblinis friis state	ernent for ti	e purpose or changing its	s register	ed office or	registered agr	ent, or	Dour, in	the state of Florida.				
SIGNATURE														
SIGNATURE	Signature, typed	or printed name of registe	ered agent and	itle if applicable. (NO	TE. Registere	ed Agent signatu	ire required when re	instating)		DA	ΤE			
9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back)				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S			50.00			n Campaign Financing and Contribution.			May Be I to Fees	
11. OFFICERS AND DIRE				IRECTORS	12.		AD	DITIO	NS/CHA	NGES TO OFFICERS	AND (	DIRECTOR!	S IN 11	
TITLE	DEV		.,	Ď Delete	TITL	E	Direct	or				☐ Change	X Addition	
NAME	SUDHAKA	r, Kesavan			NAM	4E	Sudha	kar	Kes	avan				
STREET ADDRESS	9300 LEE	HIGHWAY			STR	EET ADDRESS	9300	Lee	Hig	hway				
CITY-ST-ZIP	FAIRFAX \	/A 22031			CITY	'-ST-ZIP	Fairf	ax,	AV	22031-1207				
TITLE	P			☐ Delete	TITL	Ε						Change	Addition	
NAME	VICINUS,				NAN									
STREET ADDRESS	9300 LEE					EET ADDRESS								
CITY-ST-ZIP	FAIRFAX \	/A 22031	<del>-</del>			'-ST-ZIP				Dung / Con		<del>-</del>		
TITLE .	SVPC	050005 T III		🔀 Defete	1171					Pres / Sec.		☐ Change	Addition 🔼	
NAME		GEORGE T III			NAN STR	ie Eet address				wden, III				
STREET ADDRESS CITY-ST-ZIP	9300 LEE					(-ST-ZIP	9300							
	FAIRFAX \	M 22031								22031~1207		Change	X Addition	
TITLE	UICONINO	R, TIMOTHY P		🔯 Delete	TITL NAN		Treas			WaCarra ==			LAY AUGILIAN	
NAME STREET ADDRESS	9300 LEE	•				eet address				McGovern				
CITY-ST-ZIP	FAIRFAX \					'-ST-ZIP	9300			nway   22031-1207_				
	LICHBAY ,	'N EEUVI					ı ⊬aır1	ax.	А	ZZU31.71ZU/_				

9300 LEE HIGHWAY STREET ADDRESS STREET ADDRESS 9300 Lee Highway 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

Delete

🛵 George T. Lowden, III THE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

MARTIN, SHAUN M

9300 LEE HIGHWAY

FAIRFAX VA 22031

WEEKS, PAUL II

2000 UNIFORM BUSINESS REPORT (UBR)

Fairfax, VA 22031-1207

Fairfax, VA 22031-1207

Senior Vice Pres.

Douglas J. Beck

9300 Lee Highway

Senior Vice Pres.

Judah L. Rose

(703) 934-3279

Daytime Phone #

☐ Change

Change

X Addition

Addition