

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996 1997



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

APPROVED
AND
FILED

1997 JUL 14 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25171 (0)
Corporation Name
THE WASHINGTON CONSULTING GROUP, INCORPORATED

Principal Place of Business

Mailing Address

~~11 DUPONT CIRCLE~~
~~SUITE 600~~
WASHINGTON DC 20006

~~11 DUPONT CIRCLE~~
~~SUITE 600~~
WASHINGTON DC 20006

3. Date Incorporated or Qualified

07/13/1989

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 4330 East West Highway

2a. Mailing Address

26 4330 East West Highway

4. FEI Number

52-1157088

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 1010

Suite, Apt. #, etc.

27 Suite 1010

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Bethesda, MD

City & State

28 Bethesda, MD

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 20814

Country

25

Zip

29 20814

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KNISLEY, JOHN
811 E. SECOND ST
HILLIARD FL 32046

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 the date

(NOTE: Registered Agent signature required after reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

1.2 NAME PTD CHAPPELL, ARMANDO C, JR

1.3 STREET ADDRESS ~~6502 TRINITY DRIVE~~

1.4 CITY-ST-ZIP ~~ALEXANDRIA VA~~

2.1 TITLE ☐ DELETE

2.2 NAME S ASTON, DIANNE

2.3 STREET ADDRESS ~~11 DUPONT CIRCLE, STE 600 NW~~

2.4 CITY-ST-ZIP ~~WASHINGTON D~~

3.1 TITLE ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4330 East West Highway, Ste 1010

Bethesda, MD 20814

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

S Martin, John

4330 East West Highway, Ste 1010

Bethesda, MD 20814

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Director

Baghelai, Cyrus

4330 East West Highway, Ste 1010

Bethesda, MD 20814

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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****225.00 ****225.00

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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 on Block 13A changed, or other attachment with an address

SIGNATURE: John Martin Chief Financial Officer

301-951-3021

CRF-034 (12-95)