

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P25171** (0)
1. Corporation Name
THE WASHINGTON CONSULTING GROUP, INCORPORATED



Principal Place of Business 4330 EAST WEST HIGHWAY SUITE 1010 BETHESDA MD 20814 US	Mailing Address 4330 EAST WEST HIGHWAY SUITE 1010 BETHESDA MD 20814 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6707 Democracy Blvd., 10F Suite, Apt. #, etc. 22 City & State 23 Bethesda, MD 20817 Zip Country		2a. Mailing Address 26 6707 Democracy Blvd., 10F Suite, Apt. #, etc. 27 City & State 28 Bethesda, MD 20817 Zip Country		3. Date Incorporated or Qualified 07/13/1989	
24		29		4. FEI Number 52-1157088 Applied For Not Applicable	
25		30		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
26		31		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
27		32		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent KNISLEY, JOHN 811 E. SECOND ST HILLIARD FL 32048		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	
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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 fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☒ Change ☐ Addition
NAME	CHAPPELLI, ARMANDO C JR	1.2 NAME	
STREET ADDRESS	4330 EAST WEST HWY., STE 1010	1.3 STREET ADDRESS	6707 Democracy Blvd., 10F
CITY-ST-ZIP	BETHESDA MD 20814	1.4 CITY-ST-ZIP	Bethesda, MD 20817
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	MARTIN, JOHN	2.2 NAME	
STREET ADDRESS	4330 EAST WEST HIGHWAY STE 1010	2.3 STREET ADDRESS	6707 Democracy Blvd., 10F
CITY-ST-ZIP	BETHESDA MD 20814	2.4 CITY-ST-ZIP	Bethesda, MD 20817
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	BAGHELAI, CYRUS	3.2 NAME	
STREET ADDRESS	4330 EAST WEST HIGHWAY, STE 1010	3.3 STREET ADDRESS	6707 Democracy Blvd., 10F
CITY-ST-ZIP	BETHESDA MD 20814	3.4 CITY-ST-ZIP	Bethesda, MD 20817
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 amendment to this report.

SIGNATURE _____ April 23, 1998 301-581-3300

CR2E034 (10/97)