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

Mailing Address 6707 DEMOCRACY BLVD

BETHESDA MD 20817

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

STE 10F

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CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P25171

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

6707 DEMOGRACY BLVD

BETHESDA VID 20817

STE-10F

22

23

24

Zip

THE WASHINGTON CONSULTING GROUP, INCORPORATED

Country

9. Name and Address of Current Registered Agent

25

KNISLEY, JOHN 811 E. SECOND ST			82 Street Acdress (P.O. Box Number is Not Acceptable)							
HILL	IARD FL 32046	ľ	83]		
			84	City			85 Zi	o Code		
				•			FL			
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 circutors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or printed na ne of registered agent and title if applicable. (NOTI:: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS	13.	Agent				ERS AND DIREC	TOF S IN 12		
TITLE	PTD DE		LE.				☐ Chang			
NAME	CHAPELLI, ARMANDO C JR	1.2 NA	ME							
STREET ADDRESS		1.3 ST	REET.	ADDRESS						
CITY-ST-ZIP	BETHESDA MD 20817	14.01	TY-ST-	ZIP						
TITLE	S DE						Chang	e Addition		
NAME	MARTIN, JOHN	2 2 NA	ME					J		
STREET ADDRESS	6707 DEMOCRACY BLVD STE 10 F	2.3 ST	REET	ADDRESS						
CITY-ST-ZIP	BETHESDA MD 32817	2.40	TY-ST	-ZIP						
TITLE	D (Y DE	LETE 3.1 TI	TLE.				☐ Chang	e Addition		
NAME	BAGHELAI, CYRUS	3.2 NA	ME	İ						
STREET ADDRESS	6707 DEMOCRACY BLVD STE 10F	. 33\$T	REET:	AODRESS				1		
CITY-ST-ZIP	BETHESDA MD 32817	3.4. CI	TY-SI	- ZIP						
TITLE	□ DE	LETE 4.1 TIT	ΠE				Chang	e 🗌 Addition		
NAME		4.2 N	AME	1						
STREET ADDRES S		4.3 ST	REET	ADDRESS						
CITY-ST-ZIP			TY-ST	ZIP						
TITLE	[] DE	LETE i 5.1 TIT	ſLΕ				Chang	e		
NAME		5.2 NA								
STREET ADDRESS		5.3 ST	REET	ADDRESS						
CITY-ST-ZIP		5.4 CF		ZIP						
TITLE	□ DE	E .	_				Chang	e		
NAME		6.2 NA								
STREET ADDRESS		1		ADDRESS				Í		
CITY-ST-ZIP			TY-ST		(40.07/3)/() 51-	ride Ctatutas 15	than actifus that the	o information		
14. Thereby 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 indicate t 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 changing, or on an attachment with an address, with all other like empowered.										

Country

81 Name

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Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90096 018 ***150.00

		LLLI, ELLI, ELLI	ELEK BLOKK ELEK KED
- 1 - FRAIERI 318 3			

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Persor al Property Tax.

07/13/1989

<u>52-1:57088</u>

4. FEI Number

Aprilled For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

[]No

Yes

SIGNATURE:

OFFICER OR DIRECTOR MARTIN