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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P26013

1. Corporation Name

RCC CONSULTANTS, INC.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90084 023 \*\*\*150.00



Principal Place	of Business	Mailing Address			•		P.		
100 WOODBRID STE 201 WOODBRIDGE N		100 WOODBRIDGE CENTER DI STE 201 WOODBRIDGE NJ 07095-125				DO NOT WRITE IN THIS S	SPACE		
US US						3. Date incorporated or Qualifed 09/13/1989			
Principal Place of Business     2a. Mailing Address						4. FEI Number		pplied For	
21 26						22-2661497		lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & State	- ·	City & State			,	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	- ·			ry		8. This corporation owes the current year Intai	_		
24	25 29 30			Personal Property Tax. Yes No					
	9. Name and Address of Current	Registered Agent	<del>-</del>	<u>Al Al</u>		10. Name and Address of New Registered A	gent		
LIMITED CORPORATE SERVICES INC				Name .					
UNITED CORPORATE SERVICES, INC.			82 Street Addr			ress (P.O. Box Number is Not Acceptable)			
801 NORTHEAST 167TH STREET									
SUITE 300			8	3					
NORTH MIAMI BEACH FL 33162			8	84 City			Code		
AND THE STATE OF T				1		<u> </u>	نبلل		
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						when reinstating) DATE			
L	Signature, typed or printed name of registered agent		_	gent signat	ire required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
12.	PD OFFICERS AND	DELETÉ	13.	:	1		Change		
TITLE							-		
NAME	s 10 WOODBRIDGE CENTER DR			13 STREET ADDRESS 100 Woodbridge Conter Dr-Ste 201					
STREET ADDRESS				4 CITY-ST-ZIP			1		
CITY-ST-ZIP			2.1 TITLE	Change DAde			Addition		
TITLE	D CHITLI DENICON	□ beceit							
NAME	2201 WILSON BLVD. 238			2.2 NAME  2.3 STREET ADDRESS   150  2.4 CITY-ST-ZIP		25 Wilson Blvd - Sta STO			
STREET ADDRESS									
CITY-ST-ZIP				_	-		Change	Addition	
TITLE				-		فالمناهبين المناف المالية المناف المناف المناف			
NAME	2201 WILSON BLVD.			2 NAME					
STREET ADDRESS				3.3 STREET ADDRESS 3.4. CITY: ST-ZIP					
C/TY-ST-Z/P	ARLINGTON VA 22201	[ ] DELETE	4.1 TITLE		<del> -</del>		Change	Addition	
TITLE						- 1	_	_	
NAME	SMITH, RANDALL N 2201 WILSON BLVD. 4.21		4. 2 NAW	NAME		25 Wilson Blvd-Stestu			
STREET ADDRESS					ss / 0				
CITY-ST-ZIP	ARLINGTON VA 22201	☐ DELETE	4.4 CITY 5.1 TITLE				Change	Addition	
TITLE	D CIVEDTOEN EDIC B	SIVERTSEN, ERIC B 52N							
NAME				STREET ADDRESS /5		25 Wilson Blvd-Ste 500			
STREET ADDRESS	2201 WILSON BLVD.		5.4 CITY		~			1	
CITY-ST-ZIP	ARLINGTON VA 22201	DELETE			<del></del>		Change	Addition	
TITLE	TD	□ nere i¢	6 2 MALE	- E		-25 wilson Blod-ste 50t	<b></b>		
NAME	MADIGAN, CLARK T	Ī	6.2.070		ee 15	-25 WILSTNBING-UUSOU	,	1	
STREET ADDRESS	2201 WILSON BLVD.		0.3 3 IKI	- 07 710	<u>س</u> ارس	· · ·		ł	

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 comporation 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, op on an attachment with an address, with all other like empowered.

SIGNATURE: