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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **P26735** **(1)**

1. Corporation Name

STAR MOUNTAIN, INC. OF VIRGINIA

Principal Place of Business	Mailing Address
3601 EISENHOWER AVE SUITE 450 ALEXANDRIA VA 22304 US	3601 EISENHOWER AVE STE 450 ALEXANDRIA VA 22304 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/03/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

4. FEI Number: 54-1426948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

TATE, WILLIAM A.
3452 LAKE LYNDA DR.
SUITE 261
ORLANDO FL 32817-8472

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☒ Change ☐ Addition
NAME	STERNBERG, CARL VON	1.2 NAME	
STREET ADDRESS	[illegible]	1.3 STREET ADDRESS	3601 Eisenhower Ave, Suite 450
CITY-ST-ZIP	[illegible]	1.4 CITY-ST-ZIP	Alexandria, VA 22304
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	BYRNE, IRENE M	2.2 NAME	
STREET ADDRESS	6017 EDINGBURH DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD VA	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	☒ Change ☐ Addition
NAME	SCHMKUS, T.S.	3.2 NAME	
STREET ADDRESS	[illegible]	3.3 STREET ADDRESS	8497 Silverview Drive
CITY-ST-ZIP	[illegible]	3.4 CITY-ST-ZIP	Lorton, VA 22153
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KELLEY, P.X.	4.2 NAME	
STREET ADDRESS	1600 NORTH OAK ST.#1619	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HOCKEIMER, HENRY E	5.2 NAME	
STREET ADDRESS	2801 NEW MEXICO AVE 322	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KASWELL, JOEL R	6.2 NAME	
STREET ADDRESS	1255 23 RD ST NE STE 800	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/7/95 (703) 960-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000760 FF