

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

FILED
Jun 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26735

(1)

1. Corporation Name
STAR MOUNTAIN, INC. OF VIRGINIA



Principal Place of Business 3601 EISENHOWER AVE SUITE 450 ALEXANDRIA VA 22304 US	Mailing Address 3601 EISENHOWER AVE STE 450 ALEXANDRIA VA 22304-6496 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/03/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 54-1426948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TATE, WILLIAM A. 3452 LAKE LYNDA DR. SUITE 201 ORLANDO FL 32817-8472	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PCD <input type="checkbox"/> DELETE
NAME	STERNBERG, CARL VON
STREET ADDRESS	3601 EISENHOWER AVE. SUITE 450
CITY-ST-ZIP	ALEXANDRIA VA
TITLE	S <input type="checkbox"/> DELETE
NAME	BYRNE, IRENE M
STREET ADDRESS	8017 EDINGBURH DR
CITY-ST-ZIP	SPRINGFIELD VA
TITLE	VT <input type="checkbox"/> DELETE
NAME	SCHMUKUS, T.S.
STREET ADDRESS	8497 SILVERVIEW DRIVE
CITY-ST-ZIP	LORTON VA
TITLE	D <input type="checkbox"/> DELETE
NAME	KELLEY, P.X.
STREET ADDRESS	1600 NORTH OAK ST.#1619
CITY-ST-ZIP	ARLINGTON VA
TITLE	D <input type="checkbox"/> DELETE
NAME	HOCKEIMER, HENRY E
STREET ADDRESS	2801 NEW MEXICO AVE 322
CITY-ST-ZIP	WASHINGTON DC
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KASWELL, JOEL R
STREET ADDRESS	1255 23 RD ST NE STE 800
CITY-ST-ZIP	WASHINGTON DC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 attachment with an address.

SIGNATURE _____ 5/1/97 (703) 960-7000

CR2E034 (9/96)