

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P30704

(1)

1. Corporation Name

ICMA - RC SERVICES, INC.



Principal Place of Business

Mailing Address

777 NORTH CAPITOL ST., N.E.
STE. 800 - ATTN: SHERI BERMAN
WASHINGTON DC 20002-4240

777 NORTH CAPITOL ST., N.E.
STE. 800 - ATTN: SHERI BERMAN
WASHINGTON DC 20002-4240

David Tanguay

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
08/24/1990

3a. Date of Last Report
04/28/1995

4. FEI Number
52-1609029

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GROMACKI, KENNETH
STREET ADDRESS 5500 FRIENDSHIP BLVD., #2128N
CITY-ST-ZIP CHEVY CHASE MD ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME DAVIS, JOCELYN S.
STREET ADDRESS 6135 N. 35TH STREET
CITY-ST-ZIP ARLINGTON PA ☒ DELETE

2.1 TITLE D
2.2 NAME Stephen N. Nordholt
2.3 STREET ADDRESS 1121 C Street, SE
2.4 CITY-ST-ZIP Washington, DC 20003 ☐ Change ☒ Addition

TITLE VD
NAME BRYAN, CATHERINE K
STREET ADDRESS 19116 HARKNESS LN
CITY-ST-ZIP GAITHERSBURG MD ☐ DELETE

3.1 TITLE V/S
3.2 NAME
3.3 STREET ADDRESS 9321 Pennywise Lane
3.4 CITY-ST-ZIP Gaithersburg, MD 20877 ☒ Change ☐ Addition

TITLE PD
NAME MILLER, GIRARD C.
STREET ADDRESS 212 N. PITT STREET
CITY-ST-ZIP ALEXANDRIA VA ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 613 S. Royal
4.4 CITY-ST-ZIP Alexandria, VA 22314 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE T
5.2 NAME Richard T. Needham
5.3 STREET ADDRESS 1005 Judge Ct. West
5.4 CITY-ST-ZIP West River, MD 20778 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE D
6.2 NAME Joseph Chadwick
6.3 STREET ADDRESS 26 Sparks Farm Road
6.4 CITY-ST-ZIP Sparks, MD 21152 ☐ Change ☒ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard T. Needham Richard T. Needham

(202) 962-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)