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May 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P30704** (1)

1. Corporation Name

ICMA - RC SERVICES, INC.

Principal Place of Business

Mailing Address

777 NORTH CAPITOL ST., N.E.
STE. 600 - ATTN: ~~DANIEL X. X. X. X. X.~~
WASHINGTON DC 20002-4240
US

777 NORTH CAPITOL ST., N.E.
STE 600 - ~~X. X. X. X. X. X. X. X. X. X.~~
WASHINGTON DC 20002-4240
US

3. Date Incorporated or Qualified
08/24/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 Attn: Selma Golding-Forrest 27 Attn: Selma Golding-Forrest

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORDHOLT, STEPHEN N		1.2 NAME	
STREET ADDRESS	1121 C STREET, SE		1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC		1.4 CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEDHAM, RICHARD T		2.2 NAME	
STREET ADDRESS	1005 JUDGE CT. W		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST RIVER MD		2.4 CITY-ST-ZIP	
TITLE	VS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, CATHERINE K		3.2 NAME	
STREET ADDRESS	9321 PENNYWISE LN		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD		3.4 CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GIRARD C.		4.2 NAME	
STREET ADDRESS	613 S ROYAL		4.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA		4.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHADWICH, JOSEPH		5.2 NAME	Chadwick, Joseph
STREET ADDRESS	28 SPARKS FAR ROAD		5.3 STREET ADDRESS	26 Sparks Farm Road
CITY-ST-ZIP	SPARKS MD		5.4 CITY-ST-ZIP	Sparks, MD 21152
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Richard T. Needham** 4/24/97 (202) 962-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075262

CR2E037 (9/96)