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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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.
ATTN: SELMA GOLDING-FORRESTER
WASHINGTON DC 20002-4240
US**

**777 NORTH CAPITOL ST., N.E.
ATTN: SELMA GOLDING-FORRESTER
WASHINGTON DC 20002-4240
US**



3. Date Incorporated or Qualified

08/24/1990

4. FEI Number

52-1609029

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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 617.1506, 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 ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **D NORDHOLT, STEPHEN N**
STREET ADDRESS **1121 C STREET, SE**
CITY-ST-ZIP **WASHINGTON DC**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **Washington, DC 20003**

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME **T NEEDHAM, RICHARD T**
STREET ADDRESS **1005 JUDGE CT. W**
CITY-ST-ZIP **WEST RIVER MD**

2.2 NAME **Breault, Paul**
2.3 STREET ADDRESS **30 Elizabeth Road**
2.4 CITY-ST-ZIP **Hopkinton, MA 01748**

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME **VS BRYAN, CATHERINE K**
STREET ADDRESS **9321 PENNYWISE LN**
CITY-ST-ZIP **GAITHERSBURG MD**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **Gaithersburg, MD 20877**

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **PD MILLER, GIRARD C.**
STREET ADDRESS **613 S ROYAL**
CITY-ST-ZIP **ALEXANDRIA VA**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **Alexandria, VA 22314**

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME **D CHADWICH, JOSEPH**
STREET ADDRESS **26 SPARKS FARM RD.**
CITY-ST-ZIP **SPARKS MD**

5.2 NAME **Chadwick, Joseph**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **Sparks, MD 21152**

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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 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]*

4/29/98 202 962 4601

CR2E037 (10/97)