

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P40386

1. Entity Name

CHASE CONSULTANTS INTERNATIONAL,
INCORPORATED



Principal Place of Business

300 N. WASHINGTON ST.
SUITE 400
ALEXANDRIA, VA 22314

Mailing Address

300 N. WASHINGTON ST.
SUITE 400
ALEXANDRIA, VA 22314

DO NOT WRITE IN THIS SPACE



06252004 No Chg-P CR2E034 (10/03)

4. FEI Number

54-1358111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CHASE, PAUL R.
806 S. FAIRFAX ST.
ALEXANDRIA, VA 22314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
KARLSON, WILLIAM E
11650 DEADWOOD DRIVE
LUSBY, MD 20657

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
NOLAN, PHILIP O
416 TIMBER BRANCH PARKWAY
ALEXANDRIA, VA 22302

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
ZARAMBA, MICHAEL A
300 N. WASHINGTON ST.
ALEXANDRIA, VA 22314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
TORTI, CHRISTOPHER J
300 N. WASHINGTON ST.
ALEXANDRIA, VA 22314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000163003
07/01/04-80003-009 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n) Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Zaramba, CEO

6-28-04

703-684-1125