

0080943



**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90015 006 \*\*\*150.00

1. Corporation Name  
**THE JEFFERSON NATIONAL MANAGEMENT COMPANY**



1031 W.MORSE BLVD  
SUITE 250  
WINTER PARK FL 32789  
US

DO NOT WRITE IN THIS SPACE

02/01/1994

Applied For
Not Applicable

**\$8.75** Additional  
Fee Required

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

☒ Yes ☐ No

10. Name and Address of New Registered Agent

85	Zip Code
----	----------

DATE \_\_\_\_\_

## OFFICERS AND DIRECTORS

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	McAuliffe, Terence R.		
1.3 STREET ADDRESS	7527 Old Dominion		
1.4 CITY-ST-ZIP	McLean, VA 22102		

2.1 TITLE	DST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	McAuliffe, Dorothy S.		
2.3 STREET ADDRESS	7527 Old Dominion		
2.4 CITY-ST-ZIP	McLean, VA 22102		

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	

**SIGNATURE:**

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-05-99

Date \_\_\_\_\_

407-643-8977

Daytime Phone #

CR2E034 (1.1/98)