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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000022908 (3)**

1. Corporation Name
WORLD CONSULT SOURCE, INC.

Principal Place of Business
2000 L STREET, N.W., STE. 200
WASHINGTON DC 20036

Mailing Address
2000 L STREET, N.W., STE. 200
WASHINGTON DC 20036-4997

3. Date Incorporated or Qualified: **03/13/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 7521 Royal Dominion Drive
22 Suite, Apt. #, etc.
23 City & State: Bethesda, MD 20817
24 Zip
25 Country

2a. Mailing Address
26 c/o George C.J. Moore, P.A.
27 Suite, Apt. #, etc.: Ste. 812, 105 S. Narcissus Ave.
28 City & State: West Palm Beach, FL 33401
29 Zip
30 Country

4. FEI Number: 52-1966193 ☐ 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
MOORE, GEORGE C. J
105 S. NARCISSUS AVE., STE. 812
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: DP NAME: SIMONSGAARD, CLAUS STREET ADDRESS: 2350 N. VERMONT ST. CITY-ST-ZIP: ARLINGTON VA 22207			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: DS NAME: ZOLEZZI, EDUARDO STREET ADDRESS: 7209 SWANSONG WAY CITY-ST-ZIP: BETHESDA MD 20817			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: DT NAME: VILLANUEVA, JULIO STREET ADDRESS: 7521 ROYAL DOMINION DR. CITY-ST-ZIP: BETHESDA MD 20817		D P, Sand T* VILLANUEVA, JULIO 7521 Royal Dominion Drive Bethesda, MD 20817	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
		MR VILLANUEVA IS NOW President, Secretary, Treasurer and Sole Director.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 a director or officer 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Simonsgaard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97
Date

202-623-1238
Daytime Phone #

0497408