

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000000385 (3)**

1. Corporation Name
CK RECOVERY, INC.



Principal Place of Business: **14 PIGEON HILL DR. SUITE 300 STERLING VA 20165**
Mailing Address: **14 PIGEON HILL DR. SUITE 300 STERLING VA 20165**

2. Principal Place of Business
21 **950 HERNDON PARKWAY**
22 **SUITE 200**
23 **HERNDON, VA**
24 **22070**
25
2a. Mailing Address
26 **950 HERNDON PARKWAY**
27 **SUITE 200**
28 **HERNDON, VA**
29 **22070**
30

3. Date Incorporated or Qualified: **01/24/1995**
3a. Date of Last Report
4. FEI Number: **54-1736491**
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	KALLIVOKAS, CHRISTOPHER	
STREET ADDRESS	14 PIGEON HILL DR., STE. 300	
CITY-ST-ZIP	STERLING VA 20165	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KALLIVOKAS, PATRICIA	
STREET ADDRESS	14 PIGEON HILL DR., STE. 300	
CITY-ST-ZIP	STERLING VA 20165	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEVY, BRUCE M	
STREET ADDRESS	1120 19TH ST., NW, STE. 800	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	950 HERNDON PARKWAY, #200	
CITY-ST-ZIP	HERNDON, VA 22070	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	950 HERNDON PARKWAY, #200	
CITY-ST-ZIP	HERNDON, VA 22070	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ch...* **3/3/96** **703/742-6789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)