

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000004760

FILED
Jan 06, 2003
Secretary of State

Entity Name: KALUDIS CONSULTING GROUP, INC.

Current Principal Place of Business:

1919 M STREET, N.W.
SUITE 440
WASHINGTON, DC 20036

New Principal Place of Business:

Current Mailing Address:

1919 M STREET, N.W.
SUITE 440
WASHINGTON, DC 20036

New Mailing Address:

FEI Number: 62-1654053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: KALUDIS, GEORGE
Address: 1919 M STREET, NW, STE 440
City-St-Zip: WASHINGTON, DC 20036

Title: COO () Delete
Name: STEVENS, JOHN A
Address: 1919 M STREET, NW, STE 440
City-St-Zip: WASHINGTON, DC 20036

Title: SVP () Delete
Name: STEVENS, JOHN A
Address: 1919 M STREET, NW, STE 440
City-St-Zip: WASHINGTON, DC 20036

Title: SV () Delete
Name: COHEN, BARRY M
Address: 1919 M STREET, N.W., SUITE 440
City-St-Zip: WASHINGTON, DC 20036

Title: AS () Delete
Name: FERGUSON, AUDREY D
Address: 1919 M STREET, N.W., SUITE 440
City-St-Zip: WASHINGTON, DC 20036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDREY D. FERGUSON

AS

01/06/2003

Electronic Signature of Signing Officer or Director

_____ Date