

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:07

DOCUMENT # **833018** (5)

1. Corporation Name
DE LEUW, CATHER & COMPANY, INC.

Principal Place of Business Meeting Address
**1133 15TH STREET N.W.
WASHINGTON DC 20005-2701** **1133 15TH STREET N.W.
WASHINGTON DC 20005-2701**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Meeting Address		3. Date Incorporated or Qualified	3a. Date of Last Report
1133 15TH STREET N.W. WASHINGTON DC 20005-2701		1133 15TH STREET N.W. WASHINGTON DC 20005-2701		09/11/1974	05/26/1994
4. FEI Number	5. Certificate of Status Desired		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		
36-0982270	7		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
21. State, Apt. #, etc.		26. State, Apt. #, etc.		Applied For	
22. City & State		27. City & State		Not Applicable	
23. Zip		28. Zip		5.00 Additional Fee Required	
Country		Country		5.00 May Be Added to Fees	
24. Zip		29. Zip		30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 8751 W. BROWARD BOULEVARD PLANTATION FL 33324				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, ROBERT S.	1.2 NAME	
STREET ADDRESS	8713 SLEEPY HOLLOW LANE	1.3 STREET ADDRESS	
CITY, ST, ZIP	POTOMAC MD 20854	1.4 CITY, ST, ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBY, CLIFFORD C	2.2 NAME	
STREET ADDRESS	620 WATTS BRANCH PARKWAY	2.3 STREET ADDRESS	
CITY, ST, ZIP	ROCKVILLE MD 20854	2.4 CITY, ST, ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, VINCENT P.	3.2 NAME	
STREET ADDRESS	56 MINE BROOK ROAD	3.3 STREET ADDRESS	
CITY, ST, ZIP	COLTS NECK NJ 07722	3.4 CITY, ST, ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKWOOD, JAMES C.	4.2 NAME	
STREET ADDRESS	8001 LEYTON PLACE	4.3 STREET ADDRESS	
CITY, ST, ZIP	SPRINGFIELD VA 22152	4.4 CITY, ST, ZIP	
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDICH, GENE M	5.2 NAME	
STREET ADDRESS	4636 W 100TH PLACE	5.3 STREET ADDRESS	
CITY, ST, ZIP	OAK LAWN IL 60453	5.4 CITY, ST, ZIP	
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, MICHAEL D.	6.2 NAME	
STREET ADDRESS	8103 GLENHURST DRIVE	6.3 STREET ADDRESS	
CITY, ST, ZIP	FAIRFAX STATION VA 22039	6.4 CITY, ST, ZIP	

14. I 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, the secretary or treasurer empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears in Block 12 or Block 13 of this report, or of an attachment with an affidavit.

SIGNATURE: *J. C. Lockwood* James C. Lockwood 1/31/95 (202) 775-3300
SIGNATURE AND TYPE OF OFFICER OR NAME OF REGISTERED AGENT OR BOTH (SEE INSTRUCTIONS) DATE TELEPHONE