

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **833018** (5)

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



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

3. Date Incorporated or Qualified <b>09/11/1974</b>	3a. Date of Last Report <b>02/16/1995</b>
4. FET Number <b>36-0982270</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
8751 W. BROWARD BOULEVARD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City	
B4. City	<b>FL</b>
B5. 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: \_\_\_\_\_ Signature, typed or printed name of registered agent and the date of registration. DATE: \_\_\_\_\_ Date of registration.

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'NEIL, ROBERT S.	
STREET ADDRESS	8713 SLEEPY HOLLOW LANE	
CITY-ST-ZIP	POTOMAC MD 20854	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	EBY, CLIFFORD C	
STREET ADDRESS	620 WATTS BRANCH PARKWAY	
CITY-ST-ZIP	ROCKVILLE MD 20854	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAMB, VINCENT P.	
STREET ADDRESS	56 MINE BROOK ROAD	
CITY-ST-ZIP	COLTS NECK NJ 07722	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	LOCKWOOD, JAMES C.	
STREET ADDRESS	8001 LEYTON PLACE	
CITY-ST-ZIP	SPRINGFIELD VA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PATNAUDE, ALFRED A.	
STREET ADDRESS	11275 CENTER HARBOR RD	
CITY-ST-ZIP	RESTON VA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	COLEMAN, MICHAEL D.	
STREET ADDRESS	8103 GLENHURST DR	
CITY-ST-ZIP	FAIRFAX STATION VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Paul C. Thompson	
7. STREET ADDRESS	819 Morven Court	
8. CITY-ST-ZIP	Naperville, IL 60563	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

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: *J. C. Lockwood*, Vice President & Secretary 2/12/96 (202) 775-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)