

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jan 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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 20005-2710**

3. Date Incorporated or Qualified: **09/11/1974**      3a. Date of Last Report: **03/06/1996**  
 4. FEI Number: **36-0982270**      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

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

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  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, PAUL C.	
STREET ADDRESS	819 MORVEN COURT	
CITY - ST - ZIP	NAPERVILLE IL	
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	58 MINE BROOK ROAD	
CITY - ST - ZIP	COLTS NECK NJ 07722	
TITLE	VPS	<input checked="" 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

11 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Robert S. O'Neil	(There has been no change in Presidents)
13 STREET ADDRESS	8713 Sleepy Hollow Lane	
14 CITY - ST - ZIP	Potomac, MD 20854	
21 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Paul C. Thompson	(This change was reported on the 1996 report)
23 STREET ADDRESS	819 Morven Court	
24 CITY - ST - ZIP	Naperville, IL 60563	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	Gary L. Stone	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Secretary & Sr. V.P.	
43 STREET ADDRESS	1460 Old House Road	
44 CITY - ST - ZIP	Pasadena, CA 91124	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 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: *Alfred A. Patnaude*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/96 202-775-3300  
 Date Daytime Phone

CR2E034 (9/96)