

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90217 044 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 833991**

1. Corporation Name  
**FRANKLIN PROPERTY COMPANY**



Principal Place of Business ATTN: KIMBERLEY J BRANDON 8401 CONNECTICUT AVENUE CHEVY CHASE MD 20815-5895	Mailing Address ATTN: KIMBERLEY J BRANDON 8401 CONNECTICUT AVENUE CHEVY CHASE MD 20815-5895
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/13/1975	4. FEI Number 52-1006075	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, PATRICIA	1.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARACI, PHILIP D (SNR-V)	2.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEASLEY, ROSS E.	3.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRIGHT, WILLIAM K	4.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDON, KIMBERLEY J	5.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEASLEY, ROSS E.	6.2 NAME	Ernest R. Pivonka
STREET ADDRESS	8401 CONNECTICUT AVENUE	6.3 STREET ADDRESS	8401 Connecticut Ave.
CITY-ST-ZIP	CHEVY CHASE MD	6.4 CITY-ST-ZIP	Chevy Chase MD 20815

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 4/28/99 Daytime Phone #: 301-986-6103

CR2E034 (1/1/98)