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**Feb 06 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 # 858407 (0)
1. Corporation Name
CIN-LITTLE INTERNATIONAL, INC.



Principal Place of Business: **2275 RESEARCH BLVD SUITE 700 ROCKVILLE MD 20850**
Mailing Address: **2275 RESEARCH BLVD SUITE 700 ROCKVILLE MD 20850-3288**

3. Date Incorporated or Qualified: **11/10/1983**
3a. Date of Last Report: **07/16/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 52-0901393	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt #, etc	27. Suite, Apt #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country	Country
25. Country	31. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" 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	

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINI, JOHN C.	1.2 NAME	
STREET ADDRESS	8234 BUCKSPARK LANE WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINI, THERESA S.	2.2 NAME	
STREET ADDRESS	8234 BUCKSPARK LANE WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, WILLIAM V.	3.2 NAME	
STREET ADDRESS	214 MCKINSEY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEVERNA PARK MD	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOOSER, RONALD P.	4.2 NAME	
STREET ADDRESS	14330 HARTWELL TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	NOVELTY OH	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, JAMES H..	5.2 NAME	
STREET ADDRESS	1690 E. CALIFORNIA BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91106	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 a subsequent filing with an address.

SIGNATURE: _____ **JOHN C. CINI PRES** 301/926/2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)