

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 858407 (0)
 1. Corporation Name
CINLITTLE INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2275 RESEARCH BLVD SUITE 700 ROCKVILLE MD 20850		Mailing Address 2275 RESEARCH BLVD SUITE 700 ROCKVILLE MD 20850	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/10/1983	4. FEI Number 52-0901393
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
23 Zip	28 Country	29 Zip	30 Country

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CINI, JOHN C.	
STREET ADDRESS	8234 BUCKSPARK LANE WEST	
CITY-ST-ZIP	POTOMAC MD	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CINI, THERESA S.	
STREET ADDRESS	8234 BUCKSPARK LANE WEST	
CITY-ST-ZIP	POTOMAC MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EATON, WILLIAM V.	
STREET ADDRESS	214 MCKINSEY RD.	
CITY-ST-ZIP	SEVERNA PARK MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KOOSER, RONALD P.	
STREET ADDRESS	14330 HARTWELL TRAIL	
CITY-ST-ZIP	NOVELTY OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LITTLE, JAMES H..	
STREET ADDRESS	1690 E. CALIFORNIA BLVD.	
CITY-ST-ZIP	PASADENA CA 91108	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	ZIP 20854
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	ZIP 20854
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	ZIP 21146
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	ZIP 044072
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	ZIP 91106
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: *John C. Cini* 4/2/98 301-926-2400

CR2E034 (10/97)