

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000003869 (5)

1. Corporation Name
MAINSTREET PARTNERS I, INC.



Principal Place of Business Mailing Address
~~3000 K STREET, N.W.
SUITE 400
WASHINGTON DC 20007~~ ~~3000 K STREET, N.W.
SUITE 400
WASHINGTON DC 20007~~

3. Date Incorporated or Qualified: **08/24/1993** 3a. Date of Last Report: **08/14/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1300 Wilson Boulevard	26 1300 Wilson Boulevard	52-1848980	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc Suite 400	27 Suite, Apt. #, etc Suite 400	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State Arlington, Virginia	28 City & State Arlington, Virginia	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 22209	25 Country U.S.A.	29 Zip 22209	30 Country U.S.A.
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	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 where applicable) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HERBERT S	1.2 NAME	
STREET ADDRESS	3000 K STREET, N.W., STE. 400	1.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC 20007	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, LAURENCE C	2.2 NAME	
STREET ADDRESS	3000 K STREET, N.W., STE. 400	2.3 STREET ADDRESS	1300 Wilson Boulevard, Suite 400
CITY - ST - ZIP	WASHINGTON DC 20007	2.4 CITY - ST - ZIP	Arlington, Virginia 22209
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICK, HARRY H	3.2 NAME	
STREET ADDRESS	3000 K STREET, N.W., STE. 400	3.3 STREET ADDRESS	1300 Wilson Boulevard, Suite 400
CITY - ST - ZIP	WASHINGTON DC 20007	3.4 CITY - ST - ZIP	Arlington, Virginia 22209
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGBY, KENT S	4.2 NAME	
STREET ADDRESS	3000 K STREET, N.W., STE. 400	4.3 STREET ADDRESS	1300 Wilson Boulevard, Suite 400
CITY - ST - ZIP	WASHINGTON DC 20007	4.4 CITY - ST - ZIP	Arlington, Virginia 22209
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZMAN, NATHAN A	5.2 NAME	
STREET ADDRESS	3000 K STREET, N.W. STE. 400	5.3 STREET ADDRESS	1300 Wilson Boulevard, Suite 400
CITY - ST - ZIP	WASHINGTON DC 20007	5.4 CITY - ST - ZIP	Arlington, Virginia 22209
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, GENE E	6.2 NAME	
STREET ADDRESS	3000 K STREET, N.W., STE. 400	6.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC 20007	6.4 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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kent S. Digby, President 6/24/96 (703)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)