FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:20

DOCUMENT # F94000001956 (1)

1. Corporation Name
ZENITH ADMINISTRATORS, INC.

Principal Place of Business	Mailing Address
111 MASSACHUSETTS AVE., N.W. WASHINGTON DC 20001	111 MASSACHUSETTS AVE., N.W. WASHINGTON DC 20001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 303 East Ohio St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 2600
23 City & State	28 City & State Chicago, Illinois
24 Zip / 25 Country	29 Zip 60611 / 30 Country USA

4. FEI Number: 52-1590516 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) N/A
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: N/A
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CEO	11 TITLE ☐ Change ☐ Addition
NAME	GEORGINE, ROBERT A	12 NAME
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	13 STREET ADDRESS
CITY-ST-ZIP	WASHINGTON DC 20001	14 CITY-ST-ZIP
TITLE	P	21 TITLE ☐ Change ☐ Addition
NAME	LUCE, JAMES W	22 NAME
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	23 STREET ADDRESS
CITY-ST-ZIP	WASHINGTON DC 20001	24 CITY-ST-ZIP
TITLE	ST	31 TITLE ☐ Change ☐ Addition
NAME	NULL, LESTER H SR	32 NAME
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	33 STREET ADDRESS
CITY-ST-ZIP	WASHINGTON DC 20001	34 CITY-ST-ZIP
TITLE	V	41 TITLE ☐ Change ☐ Addition
NAME	POLLOCK, JEROME P	42 NAME
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	43 STREET ADDRESS
CITY-ST-ZIP	WASHINGTON DC 20001	44 CITY-ST-ZIP
TITLE	V	51 TITLE ☐ Change ☐ Addition
NAME	ENG, GARY	52 NAME
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	53 STREET ADDRESS
CITY-ST-ZIP	WASHINGTON DC 20001	54 CITY-ST-ZIP
TITLE	V	61 TITLE ☐ Change ☐ Addition
NAME	KALAHAR, DEAN	62 NAME
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	63 STREET ADDRESS
CITY-ST-ZIP	WASHINGTON DC 20001	64 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 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: ____________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174564 FP