

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED

35 MAR 23 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F94000002005 (6)
1. Corporation Name
RBG XI CORP.

Principal Place of Business Mailing Address
ATTN: BRUCE BLOCK/ RBG NATIONAL INC. 154 W. HUBBARD ST., STE. 250 CHICAGO IL 60610
ATTN: BRUCE BLOCK/ RBG NATIONAL INC. 154 W. HUBBARD ST., STE. 250 CHICAGO IL 60610

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
04/19/1994
4. FEI Number Applied For
~~APPLIED FOR~~ *30 3957576* 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
**PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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 _____
Signature typed or printed below of registered agent and filer of application. (Print) Registered agent signature required when changing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV BLOCK, BRUCE H	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, BRUCE H	12 NAME	
STREET ADDRESS	154 WEST HUBBARD ST., STE. 250	13 STREET ADDRESS	
CITY - ST. - ZIP	CHICAGO IL 60610	14 CITY - ST. - ZIP	
TITLE	DP GOLDFINE, ROBERT S	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDFINE, ROBERT S	22 NAME	
STREET ADDRESS	154 WEST HUBBARD ST., STE. 250	23 STREET ADDRESS	
CITY - ST. - ZIP	CHICAGO IL 60610	24 CITY - ST. - ZIP	
TITLE	DS ROSS, ROBERT S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, ROBERT S	32 NAME	
STREET ADDRESS	154 WEST HUBBARD ST., STE. 250	33 STREET ADDRESS	
CITY - ST. - ZIP	CHICAGO IL 60610	34 CITY - ST. - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST. - ZIP		44 CITY - ST. - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST. - ZIP		54 CITY - ST. - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST. - ZIP		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 131.01(1)(b), 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 in person, 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]* *Dvs / Pres* *Feb. 16, 1995*
SIGNATURE TYPED OR PRINTED BELOW OF REGISTERED AGENT AND FILER OF APPLICATION. (Print) FULL NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000002839 (8)
1. Corporation Name
ZERO POPULATION GROWTH, INCORPORATED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**1400 SIXTEENTH ST., N.W.
SUITE 320
WASHINGTON DC 20006**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/31/1994** 3a. Date of Last Report
4. FEI Number **94-1703155** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suits, Apt. #, etc. 26. Suits, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**WILLIAMSON, MICHAEL
3145 HYDE PARK PL
PENSACOLA FL 32503-5845**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Acceptable) **20000 1439002**
83. **03/24/95-01063-012**
84. City *******70.00 *****70.00**
85. Zip Code **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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KRING, TOM
STREET ADDRESS	2140 S. BENTLEY AVE.
CITY-ST-ZIP	LOS ANGELES CA 90025
TITLE	V
NAME	KUTSCHER, EUGENE
STREET ADDRESS	80-26 189TH ST.
CITY-ST-ZIP	JAMAICA NY 11423
TITLE	V
NAME	BILBY, KEN
STREET ADDRESS	328 STANWICH RD.
CITY-ST-ZIP	GREENWICH CT 06830
TITLE	V
NAME	BLOOMBERG, JEFFREY C
STREET ADDRESS	184 E. 64TH ST.
CITY-ST-ZIP	NEW YORK NY 10021
TITLE	V
NAME	HUTSON, DON
STREET ADDRESS	5830 BENNER ST.
CITY-ST-ZIP	LOS ANGELES CA 90042-4719
TITLE	T
NAME	MEYER, ALDEN
STREET ADDRESS	15 MONTGOMERY AVE.
CITY-ST-ZIP	TAKOMA PARK MD 20912

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	President /D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Dianne Dillon-Ridgley	
13. STREET ADDRESS	P.O. Box 2982 N/A	
14. CITY-ST-ZIP	Iowa City, Iowa 52245	
21. TITLE	Vice President /D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Chet Atkins	
23. STREET ADDRESS	1540 Monument Street	
24. CITY-ST-ZIP	Concord, MA 01742	
31. TITLE	Vice President /D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Edwin F. Leach, II	
33. STREET ADDRESS	80 Ridgewood Road	
34. CITY-ST-ZIP	Attleboro, MA 02703	
41. TITLE	Vice President /D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	Claudine Schneider	
43. STREET ADDRESS	641 Ac'ker Street, N.E., Washington	
44. CITY-ST-ZIP	D.C. 20002	
51. TITLE	Vice President /D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	Howard Sirak	
53. STREET ADDRESS	2399 Commonwealth Park South	
54. CITY-ST-ZIP	Columbus, OH 43209	
61. TITLE	Secretary /D	Change <input checked="" type="checkbox"/> Addition
62. NAME	Eugene Kutscher	
63. STREET ADDRESS	80-26 189th Street	
64. CITY-ST-ZIP	Jamaica, New York 11423	

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 110.07(3)(b), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if exempt, or on an attachment with an address.

SIGNATURE: _____ **ALDEN MEYER, TREASURER** 1/26/95 (202)332-0900
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Block 8)