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

PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	T. S.	DIVISION (	OF CORPOR	iati	ONS				
DOCU	MENT # <b>F940</b> (	000	02651 (	7)						
1. Corporatio			-	• •						
WYA	It investment consult	ING, I	NC.				\$ 188115 JUL 1811 ST.			
Principal Place	e of Business		failing Address				1 300U/40 H/M 18101 \$100 64H/Y EA	N BENN BENN EN		
601 13TH ST., N.W., #900			601 13TH ST., N.W., #900							
WASHINGT	ON DC 20005		WASHINGTON DC 2							
							3. Date Incorporated or Qualified 05/23/1994	3a. Date		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	00	5/01/1	T
21		26					52-1868818		-	Applied For Not Applicable
Suite, Apt.	#, etc.	==1	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.7	5 Additional
City & State	е	27	City & State							Required
23		28	Ony & State				Election Campaign Financing     Trust Fund Contribution			00 May Be
Zip	Country		Zıp	Cou	ntry		8. This corporation has liability for		Adde	ed to Fees
24	25	[29]		30			Florida Statutes	NO <b>XIX</b>		199.002,
	9. Name and Address of Curre	nt Regis	tered Agent				10. Name and Address of New F	egistered A	gent	
CT CO	DDODATION EVETEN				81	Name				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD.			82 Street Addr			Street Ad	ddress (P.O. Box Number is Not Acceptat	le)		
	ATION FL 33324			-	83					
				[	84	- 17		FL		ip Code
<ol> <li>Pursuant to or register</li> </ol>	to the provisions of Sections 607,050 and agent, or both, in the State of Flor	2 and 60	7.1508, Florida Statu	tes, the abo	ve-n	amed con	poration submits this statement for the pur	pose of chan	L. L. ging its	registered office
familiar wi	th, and accept the obligations of, Sec	tion 607.	0505, Florida Statute	zea by the c s.	orpo	oration's bi	poration submits this statement for the pur oard of directors. I hereby accept the appo	ointment as re	gistered	d agent. I am
SIGNATURE	Signature, typod or printed name of registered again									
12.	OFFICERS AN			OTE: Registered	Agen	: signature requ	ured wher reinsbilling)	DATE CONTRACT		
TITLE	S		DELETE	1 1 11	LE	T	ADDITIONS/CHANGES TO OFFE		Ohange	ORS IN 12 Addition
NAME	BARDENWERPER, WALTER	W		1.2 NA	MŁ	- 1			Onlings	L Addition
STREET ADDRESS	601 13TH ST.,NW #900			1.3 STF	REET	ADDRESS				
CITY-ST-ZIP	WASHINGTON DC 20005			1.4 C()	y-SI	r- <b>2</b> (P				
TITLE NAME	CLEMENS CHARGES A		☐ DELETE	2. 1 TIT	Lŧ				Change	Addition
STREET ADDRESS	CLEMENS, CHARLES A 1801 E. 9TH ST., #1400			2.2 NAI						
CITY-ST-ZIP	CLEVELAND OH 44114					ADDRESS				
TITLE	PD		XXDELETE	2 4 CIT 3 1 7 IT						
NAME	SCOTT, MARK W		<b>CJ</b> * 222 * 2	3.2 NAM			resident, Director	4.0	Change	■ Addition
STREET ADDRESS	345 CALIFORNIA ST., #140					ADDRESS /	Roger C. Bransford	n.,		
CITY-ST-ZIP	SAN FRANCISCO CA 94104			3401			1170 Ashford-Dunwoody Atlanta, GA 30319	Ka., NE	•	
TITLE			[]] DÉLETE	4. 1 1/1	ΓĒ		101101104 MA		Change	Addition
NAME STORY LABBRESS				4.2 NA3	AE					
STREET ADDRESS CITY-ST-ZIP						IDORESS				
TITLE			DELETE	4.4 CITY		- ZIP			<del></del>	
NAME				5 1 Titl 5 2 NAN		ļ			Change	Addition
STREET ADDRESS						DDRESS				
CITY-ST-ZIP				5.4 CHY						
TITLE			☐ DELETE	6 1 TIT				[]	Change	Addition
NAME				6 2 NAM	1E				- 8-	
STREET ADDRESS				63 STAI	LETA	DDRESS				
CITY-ST-ZIP				6.4 City	- \$1 -	ZIE				

14. I do hereby certify that the information supplied with this filling 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 appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter W. Bardenwerper

4-30-γε (202) 624-0600
Date Destrict Price #

CR2E034 (12/95)