

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

FILED

**Feb 04 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 # F95000006114 (1)
1. Corporation Name
VIE DE FRANCE CORPORATION



Principal Place of Business 85 SOUTH BRAGG STREET SUITE 600 ALEXANDRIA VA 22312	Mailing Address 85 SOUTH BRAGG STREET SUITE 600 ALEXANDRIA VA 22312
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/15/1995	
4. FEI Number 52-0948383	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 checked="" type="checkbox"/> No	

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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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	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 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	S <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORY, LEARA	1.2 NAME	CHARLES McGETTIGAN
STREET ADDRESS	2330 ALAVA CT	1.3 STREET ADDRESS	3375 CLAY ST
CITY-ST-ZIP	WALDROF MD	1.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94118
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP + CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOUSSAULT, BRUNO	2.2 NAME	ROBERT MURPHY
STREET ADDRESS	199 RUE RAYMOND LOSSERAUD	2.3 STREET ADDRESS	6350 WEDGEVIEW DR
CITY-ST-ZIP	NEWTON MA	2.4 CITY-ST-ZIP	LUCKER GA 30024
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Exec VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADDAFF, GEORGE A	3.2 NAME	MICHAEL McCLOY
STREET ADDRESS	83 BELLVUE STREET	3.3 STREET ADDRESS	1279 COBBLE POND WAY
CITY-ST-ZIP	NEWTON MA	3.4 CITY-ST-ZIP	VIENNA, VA 22187
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Director + Chief Executive Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HACKNEY, JAMES V	4.2 NAME	VILGRAIN, STANISLAS
STREET ADDRESS	1856 PLYMOUTH STREET, NW	4.3 STREET ADDRESS	3227 Reservoir Road
CITY-ST-ZIP	WASHINGTON DC	4.4 CITY-ST-ZIP	Washington, D.C. 20007
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	Director & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VILGRAIN, JEAN-LOUIS	5.2 NAME	Youngman, Carl
STREET ADDRESS	79 QUAY D'ORSAY	5.3 STREET ADDRESS	94 Clements Road
CITY-ST-ZIP	PARIS, FRANCE	5.4 CITY-ST-ZIP	Newton, MA 02158
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Secretary & V.P. of Finance <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VILGRAIN, ALEXANDRE	6.2 NAME	DORY, Leara
STREET ADDRESS	247, PANDAN LOOP	6.3 STREET ADDRESS	2330 ALAVA CT.
CITY-ST-ZIP	SINGAPORE 0512	6.4 CITY-ST-ZIP	WALDROF, MD 20603

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.

CR2E034 (10/97)

1/19/98 7:27 PM 9:12