4/25/95-B-4355-C

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

APPROVED AND FILED
95 APR 25 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **144977** **(6)**

1. Corporation Name
COLLEGE PARK IMPROVEMENT CORP.

Principal Place of Business	Mailing Address
11701 RIVER DRIVE LORTON VA 22079	11701 RIVER DRIVE LORTON VA 22079

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/14/1945**
3a. Date of Last Report: **02/15/1994**

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

4. FEI Number: **59-6061585** ☐ 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

MCMENAMIN, JOSEPH A.
126 SUNSET DRIVE
ISLAMORADA FL 33036

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CRAMPTON, SCOTT P.	1.2 NAME	
STREET ADDRESS	11701 RIVER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LORTON VA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MCMENAMIN, JOSEPH A.	2.2 NAME	
STREET ADDRESS	126 SUNSET DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	THEIRL, SUSAN	3.2 NAME	
STREET ADDRESS	115 HIRAM COLLEGE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAGAMORE HILLS OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CHAMPNEY, BETTY C.	4.2 NAME	
STREET ADDRESS	30 SOUNDVIEW DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON NY	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	ST ☒ Change ☐ Addition
NAME	HANCHIN, LUCINDA L	5.2 NAME	HANCHIN, LUCINDA L.
STREET ADDRESS	13612 RUSH DR	5.3 STREET ADDRESS	118 MILL CROSS LANE
CITY-ST-ZIP	WOODBRIDGE VA	5.4 CITY-ST-ZIP	OCCOQUAN, VA 22125-0572
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 on an attachment with an address.

SIGNATURE: Scott P. Crampton — 4-19-95 — 202-332-5060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Scott P. CRAMPTON

0397769 FP