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 MAY -1 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 281957 (1)

1. Corporation Name

TRULAND OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3330 WASHINGTON BLVD ARLINGTON, VIRGINIA 22201	3330 WASHINGTON BLVD ARLINGTON, VIRGINIA 22201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1964	3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-1083182	☐ 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	

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

9. Name and Address of Current Registered Agent

WALSH, GERALD M.
402 COURTHOUSE SQUARE BLDG.
200 S.E. 6TH ST.
FORT LAUDERDALE FL 33301

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	11 TITLE	President and Director ☒ Change ☒ Addition
NAME	TRULAND, WALTER R	12 NAME	Robert W. Truland
STREET ADDRESS	2929 49TH ST, NW	13 STREET ADDRESS	15800 Darnestwon Road, Germantown, MD 20874
CITY-ST-ZIP	WASHINGTON, DC 00000	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	TRULAND, ALICE O	22 NAME	
STREET ADDRESS	2929 49TH ST, NW	23 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 00000	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MOINI, INGRID A.	32 NAME	
STREET ADDRESS	2879 MARCEY ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	Treasurer ☒ Change ☐ Addition
NAME	TRULAND, ROBERT W.	42 NAME	B. Carlyle Young, Jr.
STREET ADDRESS	15800 DARNESTOWN ROAD	43 STREET ADDRESS	3346 Rose Lane,
CITY-ST-ZIP	GERMANTOWN MD	44 CITY-ST-ZIP	Falls Church, VA 22042
TITLE		51 TITLE	Director ☐ Change ☒ Addition
NAME		52 NAME	Mary W. Truland
STREET ADDRESS		53 STREET ADDRESS	15800 Darnestown Road, Germantown, MD 20874
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	Director ☐ Change ☒ Addition
NAME		62 NAME	B. CArlyle Young, Jr.
STREET ADDRESS		63 STREET ADDRESS	3346 Rose Lane
CITY-ST-ZIP		64 CITY-ST-ZIP	Falls Church, VA 22042

5/16

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: Ingrid A. Moini, Secy. 4/25/95 (703) 516-2600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Daytime Phone #

0397850 FP