FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
May 20 1997 8:00am
Secretary of State

DOCUMENT # **814456** **(0)**

1. Corporation Name
THE JACK MORTON COMPANY

Principal Place of Business	Mailing Address
18239-D FLOWER HILL WAY GAITHERSBURG MD 20879 US	18239-D FLOWER HILL WAY GAITHERSBURG MD 20879-5336 US

3. Date Incorporated or Qualified: 06/02/1960	3a. Date of Last Report: 05/01/1996
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: 53-0257863	☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PETERS, BETH		1.2 NAME		
STREET ADDRESS	18239-D FLOWER HILL WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAITHERSBURG MD 20879		1.4 CITY-ST-ZIP		
TITLE	SVPC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOLFE, ROBERT B.		2.2 NAME		
STREET ADDRESS	18239-D FLOWER HILL WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAITHERSBURG MD		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LITTLE-MANESS, LANITA		3.2 NAME		
STREET ADDRESS	18239-D FLOWER HILL WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAITHERSBURG MD		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TOWE, ROLF		4.2 NAME		
STREET ADDRESS	641 6TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCDOWELL, E. WALLACE		5.2 NAME		
STREET ADDRESS	641 6TH AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOYS, DAVID		6.2 NAME		
STREET ADDRESS	641 6TH AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 on an attachment with an address.

SIGNATURE: Beth Peters BETH PETERS **Treasurer** **05/12/1997** **(301) 869-7600**

Attachment

12. OFFICERS AND DIRECTORS

1.	Tile	CPD
2.	Name	William Morton
3.	Address	641 6th Avenue
4.	City, State, Zip	New York, NY 10011