

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

**APPROVED
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95 MAY -1 PM 3:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 832049 (1)

1. Corporation Name
THE GEORGE HYMAN CONSTRUCTION COMPANY

Principal Place of Business 7500 OLD GEORGETOWN ROAD BETHESDA MD 20814-6196	Mailing Address 7500 OLD GEORGETOWN ROAD BETHESDA MD 20814-6196
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 03/26/1974	3a. Date of Last Report 05/01/1994
4. FEI Number 53-0087590	Applied For 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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FORSTER, P.C.
STREET ADDRESS	7500 OLD GEORGETOWN RD.
CITY, ST, ZIP	BETHESDA, MD 0
TITLE	S
NAME	LUNGER, F.E.
STREET ADDRESS	7500 OLD GEORGETOWN RD.
CITY, ST, ZIP	BETHESDA, MD 0
TITLE	V
NAME	HILL, B.E.
STREET ADDRESS	7500 OLD GEORGETOWN RD.
CITY, ST, ZIP	BETHESDA, MD 0
TITLE	V
NAME	LUNGER, E E
STREET ADDRESS	3440 HOLLYWOOD BLVD,#300
CITY, ST, ZIP	HOLLYWOOD, FL 0
TITLE	CB
NAME	CLARK, A.J.
STREET ADDRESS	7500 OLD GEORGETOWN RD.
CITY, ST, ZIP	BETHESDA, MD 0
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joseph H. Jarboe	
1.3 STREET ADDRESS	7500 Old Georgetown Road	
1.4 CITY, ST, ZIP	Bethesda, MD 20814	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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(9)(b), Florida Statutes. I further certify that the information submitted 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, partner 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 13.

SIGNATURE:  **Peter C. Forster** April 28, 1995 (301) 986-8100

REGISTRARS WILL TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR