

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 834463 (2)

1. Corporation Name

STATION MANAGERS, INC.



Principal Place of Business

3225 GALLOWES RD  
FAIRFAX VA 22037  
US

Mailing Address

1201 ELM STR. ATTN: TAX ADMIN DEPT  
PO BOX 900  
DALLAS TX 75270-2014  
US

3. Date Incorporated or Qualified 06/02/1975	3a. Date of Last Report 05/01/1995
4. FEI Number 13-2600093	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 3225 Gallowes Road
22 City & State	27 STATE TAX DEPT.
23 Zip	28 FAIRFAX VA
24 Country	29 22037
25	30 USA

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 line if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1. TITLE	V/D
NAME	LARIMER, D. C.	2. NAME	HORNYAK, J. H.
STREET ADDRESS	3225 GALLOWES RD	3. STREET ADDRESS	8280 WILLOW OAKS CORPORATE DRIVE
CITY-ST-ZIP	FAIRFAX, VA 00000	4. CITY-ST-ZIP	FAIRFAX VA 22031
TITLE	VD	2. TITLE	T/D
NAME	THOMPSON, D. L.	2. NAME	THOMPSON, D. L.
STREET ADDRESS	3225 GALLOWES RD	2.3 STREET ADDRESS	3225 GALLOWES ROAD
CITY-ST-ZIP	FAIRFAX VA	2.4 CITY-ST-ZIP	FAIRFAX VA 22037
TITLE	AS	3. TITLE	
NAME	BOOK, R. L.	3.2 NAME	
STREET ADDRESS	1201 ELM STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	
TITLE	AS	4. TITLE	
NAME	STEVENSON, P. A.	4.2 NAME	
STREET ADDRESS	3225 GALLOWES RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX, VA 00000	4.4 CITY-ST-ZIP	
TITLE	AS	5. TITLE	
NAME	OLSON, C.T.	5.2 NAME	
STREET ADDRESS	1201 ELM ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP	
TITLE	TD	6. TITLE	P/S/D
NAME	MACKENZIE, G. C.	6.2 NAME	MACKENZIE, G. C.
STREET ADDRESS	1201 ELM STREET	6.3 STREET ADDRESS	1201 ELM STREET
CITY-ST-ZIP	DALLAS TX	6.4 CITY-ST-ZIP	DALLAS TX 75270

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)(k), 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:

*P.A. Stevenson*

P.A. STEVENSON

ASST. SECRETARY

4/22/96

(703) 844-3882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)