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FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 843300 (5)

1. Corporation Name  
NHP REAL ESTATE SECURITIES, INC.

Principal Place of Business

1225 EYE ST NW  
STE 601  
WASHINGTON DC 20005  
US

Mailing Address

1225 EYE ST NW  
STE 601  
WASHINGTON DC 20005-3945  
US

2. Principal Place of Business

21 8065 Leesburg Pike  
Suite, Apt. #, etc.

22 Suite 400  
City & State

23 Vienna, VA  
Zip

24 22182

Country

25 USA

2a. Mailing Address

26 8065 Leesburg Pike  
Suite, Apt. #, etc.

27 Suite 400  
City & State

28 Vienna, VA  
Zip

29 22182

Country

30 USA

3. Date Incorporated or Qualified

05/23/1979

3a. Date of Last Report

04/09/1996

4. FEI Number

52-1039643

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

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

TITLE D ☐ DELETE  
NAME HELLER, J RODERICK  
STREET ADDRESS 1225 EYE ST, NW  
CITY-STATE-ZIP WASHINGTON DC

TITLE D ☒ DELETE  
NAME DAVENPORT, LINDA G  
STREET ADDRESS 1225 EYE ST, NW  
CITY-STATE-ZIP ALEXANDRIA VA

TITLE C ☐ DELETE  
NAME GOODSSELL, EUGENE  
STREET ADDRESS 12355 SUNRISE VALLEY DR  
CITY-STATE-ZIP RESTON VA

TITLE P ☐ DELETE  
NAME ALEXANDER, MICHAEL P.  
STREET ADDRESS 1225 EYE ST, NW  
CITY-STATE-ZIP WASHINGTON DC

TITLE AS ☐ DELETE  
NAME BANKS, MILDRED C  
STREET ADDRESS 1225 EYE ST, NW  
CITY-STATE-ZIP WASHINGTON DC

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 8065 Leesburg Pike

1.4 CITY-STATE-ZIP Vienna, VA 22182 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 8065 Leesburg Pike

3.4 CITY-STATE-ZIP Vienna, VA 22182 ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 8065 Leesburg Pike

4.4 CITY-STATE-ZIP Vienna, VA 22182 ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS 8065 Leesburg Pike

5.4 CITY-STATE-ZIP Vienna, VA 22182 ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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: *Mildred C. Banks* *Mildred C. Banks, Asst. Secy* 4-29-97 703/394-2400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)