

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Northam
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
B96000000091

SYCOM ENTERPRISES LIMITED PARTNERSHIP



4/11/15

Mailing Address

1010 WISCONSIN AVE., N.W., SUITE 340
WASHINGTON DC 20007

Principal Office Address

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

3. Date Formed or Registered

03/08/1996

5a. Capital Contributions as
Shown on record.

\$0.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$0.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

DE

6. FEI Number

52-1698003

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

Yes

☒ \$8.75 Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

3000002006013--0

Suite, Apt. #, etc.

-11/15/98--01068--010

City

***191.25 ***191.25

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

SYCOM CORPORATION

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1010 WISCONSIN AVE.,

11b. City, State & Zip Code

WASHINGTON DC 20007

11c. Registration/
Document Number

F96000001207

3000002006013--0

-11/15/98--01068--011

*****8.75 *****8.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Sylvia Sutcliffe, President

DATE

11/4/96

Typed or Printed Name of General Partner Signing Form

SYCOM Corporation: By S. Lynn Sutcliffe

(202) 625-4110

CR2E003 (6/96)