2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 08:00 AM
Secretary of State

DOCUMENT #F04000007310

1. Entity Name
MHC I, INC.

Principal Place of Business	Mailing Address
1001 NINETEENTH STREET NORTH ATTN: FBR-LEGAL DEPT ARLINGTON, VA 22209	1001 NINETEENTH STREET NORTH ATTN: FBR-LEGAL DEPT ARLINGTON, VA 22209

U00000566720
06/05/06-80005-010 150.00

DO NOT WRITE IN THIS SPACE

05102006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2020308
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	OEVP
NAME	WARDEN, MICHAEL
STREET ADDRESS	1001 NINETEENTH STREET NORTH
CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	OSVP
NAME	BOWERS, BRIAN
STREET ADDRESS	1001 NINETEENTH STREET NORTH
CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	P
NAME	HENSCHEL, JEFF
STREET ADDRESS	700 WEST HILLSBORO BLVD, # 204
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	T
NAME	HARRINGTON, KURT
STREET ADDRESS	1001 NINETEENTH STREET NORTH
CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	D
NAME	TONKEL, ROCK
STREET ADDRESS	1001 NINETEENTH STREET NORTH
CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	CEO
NAME	HENSCHEL, NEAL
STREET ADDRESS	700 WEST HILLSBORO BLVD., STE 204
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MONIQUE KADNAR, ASST. SECRETARY 5/30/06 703-312-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #