## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000002136

Entity Name: ULLICO INVESTMENT COMPANY, INC

FILED May 01, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	STREET, NW STON, DC 200			
Current Mailing Address:			New Mailing Address:	
	STREET, NW STON, DC 200			
FEI Number:	: 27-0103372	FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certific	ate of Status Desired ( )
Name and	l Address of (	Current Registered Agent:	Name and Address of New Re	gistered Agent:
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD		
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registered office or	registered agent, or both,
SIGNATU				
		nic Signature of Registered Ag		Date
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution (  ).	t receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
			, (32)   10   10   10   10   10   10   10   1	FICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	DIR ( SINGLETON, N 1625 EYE STR WASHINGTON	EET, NW		( ) Addition
Name: Address:	SINGLETON, N 1625 EYE STR WASHINGTON	ARK E EET, NW , DC 20006 ) Delete EPH R EET, NW	Title: DCST (X) Change Name: FRIED, ADAM Address: 1625 EYE STREET, NW City-St-Zip: WASHINGTON, DC 200	( ) Addition
Name: Address: City-St-Zip: Title: Name: Address:	SINGLETON, N 1625 EYE STR WASHINGTON DPRE ( LINEHAN, JOS 1625 EYE STR WASHINGTON	ARK E EET, NW , DC 20006  ) Delete EPH R EET, NW , DC 20006  ) Delete M ILLE ROAD	Title: DCST (X) Change Name: FRIED, ADAM Address: 1625 EYE STREET, NW City-St-Zip: WASHINGTON, DC 200  Title: ( ) Change Name: Address: City-St-Zip:	( ) Addition  06 ( ) Addition  ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JENNIFER SPANGLER POA 05/01/2008

WASHINGTON, DC 20006

City-St-Zip: