FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000056 (3)**

1. Corporation Name

LOYA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2021 K STREET, N.W. WASHINGTON DC 20006	2021 K STREET, N.W. WASHINGTON DC 20006

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/02/1992**

3a. Date of Last Report: **05/26/1994**

2. Principal Place of Business	2a. Mailing Address
21	26 7 West 34th St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 New York, NY
24 Zip / 25 Country	29 10001 / 30 Country

4. FEI Number: **52-1582104** ☐ 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	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTCD	11 TITLE	P	☒ Change ☐ Addition
NAME	LOYA, DYAN K	12 NAME		
STREET ADDRESS	2021 K STREET, N.W.	13 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20006	14 CITY-ST-ZIP		
TITLE	GD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	LOYA, GOERGE	22 NAME	Joseph R. Weak	
STREET ADDRESS	2021 K STREET, N.W.	23 STREET ADDRESS	7 West 34th St	
CITY-ST-ZIP	WASHINGTON DC 20006	24 CITY-ST-ZIP	New York, N.Y. 10001	
TITLE	D	31 TITLE	VPTD	☒ Change ☐ Addition
NAME	FISHER, SHAUN C	32 NAME	Michael S. Sims	
STREET ADDRESS	2021 K STREET, N.W.	33 STREET ADDRESS	7 West 34th St.	
CITY-ST-ZIP	WASHINGTON DC 20006	34 CITY-ST-ZIP	New York, NY. 10001	
TITLE		41 TITLE	VPSD	☐ Change ☒ Addition
NAME		42 NAME	Robert H. Rodgers	
STREET ADDRESS		43 STREET ADDRESS	7 West 34th St	
CITY-ST-ZIP		44 CITY-ST-ZIP	New York, NY. 10001	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: _____ Mike Sims 4/11/95 (212) 971-9270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474441 FP