2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000889

1. Entity Name

EDWARD E. THORPE & COMPANY

Principal Place of Business	Mailing Address
¨ FARRAGUT AVE. ⌐ ⌐ MD 20895	3859 FARRAGUT AVE. KENSINGTON MD 20895-2004

951114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number 52-1261036	Applied For / Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAYS, DAVID E 1900 NW 187 TERRACE MIAMI FL 33056	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL _ Zip Code

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.

SIGNATURE _____

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒	**FILE NOW!!! FEE IS $150.00** **After MAY 1, 2000 Fee will be $550.00** **Make Check Payable to Department of State**	10. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCP	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	THORPE, EDWARD E		NAME			
STREET ADDRESS	10214 CONOVER DR.		STREET ADDRESS			
CITY-ST-ZIP	SILVER SPRING MD 20902		CITY-ST-ZIP			
TITLE	DVCS	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	THORPE, CONSTANCE M		NAME			
STREET ADDRESS	10214 CONOVER DR.		STREET ADDRESS			
CITY-ST-ZIP	SILVER SPRING MD 20902		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SLOAN, W. ROGERS		NAME			
STREET ADDRESS	3317 DUKE ST.		STREET ADDRESS			
CITY-ST-ZIP	ALEXANDRIA VA 22314		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ALLEN, RONALD W		NAME			
STREET ADDRESS	3710 17TH STREET, NE		STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON DC		CITY-ST-ZIP			
TITLE	VP	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ECHOLS, RONNIE W		NAME			
STREET ADDRESS	110 FORESTDALE DR.		STREET ADDRESS			
CITY-ST-ZIP	DANVILLE VA 24540		CITY-ST-ZIP			
TITLE	ST	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	THORPE, CONSTANCE M		NAME			
STREET ADDRESS	10214 CONOVER DR.		STREET ADDRESS			
CITY-ST-ZIP	SILVER SPRING MD 20902		CITY-ST-ZIP			

CR2E034 (9/99)

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Constance M Thorpe_   04/24/00   (301) 933-3671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #