FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # F93000003967 (7)

1. Corporation Name
WORLDWIDE INSURANCE ASSOCIATES, INCORPORATED

Principal Place of Business
601 KING ST.
ALEXANDRIA VA 22314
US

Mailing Address
601 KING ST.
ALEXANDRIA VA 22314
US

3. Date Incorporated or Qualified: 08/24/1993
3a. Date of Last Report: 01/18/1995
4. FEI Number: 54-1680483 ☐ 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

2. Principal Place of Business
21: 201 N. Union Street
Suite, Apt. #, etc.
22: #350
City & State
23: Alexandria, VA
Zip
24: 22314
Country
25: USA

2a. Mailing Address
26: 201 N. Union Street
Suite, Apt. #, etc.
27: #350
City & State
28: Alexandria, VA
Zip
29: 22314
Country
30: USA

9. **Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. **Name and Address of New Registered Agent**

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GROPPE, RICHARD B		1.2 NAME	
STREET ADDRESS	6832 PINEWAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	UNIVERSITY PARK MD		1.4 CITY-ST-ZIP	
TITLE	DSV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCKENTY, RUTH A		2.2 NAME	
STREET ADDRESS	5720 NAMAKAGAN RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD		2.4 CITY-ST-ZIP	
TITLE	DVPT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ALMARAZ, JAMES L		3.2 NAME	
STREET ADDRESS	9820 NW 47TH TERR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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)(k), 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: Ruth A. McKenty Ruth A. McKenty — 1/29/96 — 703-299-0402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)