

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAR 29 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F93000005344 (7)
1. Corporation Name
THE PATRICIAN FINANCIAL COMPANY

Principal Place of Business Mailing Address
4800 MONTGOMERY LANE SUITE 200 BETHESDA MD 20814
4800 MONTGOMERY LANE SUITE 200 BETHESDA MD 20814

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/23/1993** 3a. Date of Last Report **04/20/1994**

4. FEI Number **52-1706626** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BEASLEY, GAYE G
STREET ADDRESS	4800 MONTGOMERY LANE, STE 200
CITY - ST - ZIP	BETHESDA MD
TITLE	VD
NAME	COMINGS, WILLIAM D
STREET ADDRESS	4800 MONTGOMERY LANE, STE 200
CITY - ST - ZIP	BETHESDA MD
TITLE	D
NAME	HAYNES, WALTER
STREET ADDRESS	4800 MONTGOMERY LANE, STE 200
CITY - ST - ZIP	BETHESDA MD
TITLE	VT
NAME	MARTIN, HELEN S
STREET ADDRESS	4800 MONTGOMERY LANE, STE 200
CITY - ST - ZIP	BETHESDA MD
TITLE	V
NAME	BOOHER, W T
STREET ADDRESS	4800 MONTGOMERY LANE, STE 200
CITY - ST - ZIP	BETHESDA MD
TITLE	VS
NAME	DYER, PAULA L
STREET ADDRESS	4800 MONTGOMERY LANE, STE 200
CITY - ST - ZIP	BETHESDA MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	400001444974
1.3 STREET ADDRESS	-03/31/95--01054--005
1.4 CITY - ST - ZIP	****200.00 ****200.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Helen Sue Martin, Vice President and Treasurer**

3/2/95 (30) 7/8-2000