

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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: 4800 MONTGOMERY LANE SUITE 200 BETHESDA MD 20814
Mailing Address: 4800 MONTGOMERY LANE SUITE 200 BETHESDA MD 20814

2. Principal Place of Business
21 4550 Montgomery Ave. Suite, Apt. #, etc. 1150 City & State Bethesda, MD Zip 20814 Country
2a. Mailing Address
26 4550 Montgomery Ave. Suite, Apt. #, etc. 1150 City & State Bethesda, MD Zip 20814 Country

3. Date Incorporated or Qualified: 11/23/1993
3a. Date of Last Report: 03/29/1995
4. FFI 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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, 85 Zip Code FL

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 the filer, if applicable. (NOTE: Registered Agent signature required when re-filing) Date:

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE: PD | BEASLEY, GAYE G 4800 MONTGOMERY LANE, STE 200 BETHESDA MD | 1.1 TITLE: <input type="checkbox"/> DELETE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VD | COMINGS, WILLIAM D 4800 MONTGOMERY LANE, STE 200 BETHESDA MD | 1.2 NAME | 1.3 STREET ADDRESS: 4550 Montgomery Ave. #1150 |
| TITLE: D | HAYNES, WALTER 4800 MONTGOMERY LANE, STE 200 BETHESDA MD | 1.4 CITY-ST-ZIP | 1.5 CITY-ST-ZIP: Bethesda, MD 20814 |
| TITLE: VT | MARTIN, HELEN S 4800 MONTGOMERY LANE, STE 200 BETHESDA MD | 2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 2.2 NAME |
| TITLE: V | BOOHER, W T 4800 MONTGOMERY LANE, STE 200 BETHESDA MD | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP: 4550 Montgomery Ave. #1150 Bethesda, MD 20814 |
| TITLE: VS | DYER, PAULA L 4800 MONTGOMERY LANE, STE 200 BETHESDA MD | 3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | 3.2 NAME |
| | | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP: 4550 Montgomery Ave. #1150 Bethesda, MD 20814 |
| | | 4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 4.2 NAME |
| | | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP: 4550 Montgomery Ave. #1150 Bethesda, MD 20814 |
| | | 5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 5.2 NAME |
| | | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP: 4550 Montgomery Ave. #1150 Bethesda, MD 20814 |
| | | 6.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 6.2 NAME |
| | | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP: 4550 Montgomery Ave. #1150 Bethesda, MD 20814 |

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 301-718-2000 Date: Page #

CR2E034 (12/95)