FILE NOW: FILING FEE AFTER MAY 1 18 \$550.00

Mailing Address
4550 MONTGOMERY AVE

BETHESDA MD 20814-3304

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

appears in Block 12 or

SIGNATURE:

4550 MONTGOMERY AVE 1150 BETHESDA MD 20814



FLORIDA DEPARTMENT OF STATE

FILED

Apr 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300005344 (7)

THE PATRICIAN FINANCIAL COMPANY

US				US					3. Date Incorporated or Qualified 11/23/1993 3a. Date of Last Report 04/04/1996					
2. Principa	al Place of Busin	ness		28	2a. Mailing Address					4. FEI Number		Ar	oplied For	
21				26	26					52-1706626		No	ot Applicable	
	pt #, etc			27	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Fee Re	Additional equired	
City & State					City & State					6. Election Campaign Financing		\$5.00	May Be	
23										Trust Fund Contribution			to Fees	
Z(p)		Country					Country			8. This corporation has liability for intangible tax under s. 199.032,				
24 25 29 29 9. Name and Address of Current Registered Agent										Florida Statutes Yes No				
				Regis	itered Agent		0.1	81	1	10. Name and Address of New Re	gistered	Agent		
C T CORPORATION SYSTEM								81 Name						
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324							82 Street Add			ddress (P.O. Box Number is Not Acceptable)				
														
							83							
							84	84 City				85 Zip	Code	
office (or registered ag I am familiar w RE	jent, ith, a	or both, in the State and accept the obliga	of Flori itions o	da Such change was f, Section 607.0505, Fl	authorize Iorida Sta	id by	the corpo	oration'	tion submits this statement for the p is board of directors. I hereby accep	ot the app	of changing it pointment as	ts registered registered	
	Stgrature, typuc	tor pr	The name of registured agen				d Age	ent signature re	required w	hen reinstating)	DATE	D DIDECTOR	DC IN 40	
12. Til.E	PD		OFFICERS AND) DIRE	DELETE	13. 1.1 T	ITI E	·····		ADDITIONS/CHANGES TO OFFIC	EHS AN	Change	Addition	
	, . –	y n	MYE G			1						LT CHAIR	L_ Address	
NAME	AARA MANTOONICOV AND ALLEA							1.2 NAME						
STHEET ACIONE	BTHESD			1.3 STREET ADDRESS										
CHTY - ST - 7IP	VD	, III			DELETE			ST-ZIP				☐ Change	Addition	
TILE		1 25	WILLIAM D		beerie	217						L. Cikilya	L. Addition	
NAME OVER ADDRESS	4450 M		GOMERY AVE #11	50				22 NAME 23 STREET ADDRESS						
STREET ADDRE	BETHES			00		1								
CHY-ST-ZIP TITLE	D	<u> </u>	**************************************		DELETE	2 4 C		ST-ZIP				Change	Addition	
	HAYNES	: w	ALTER		F-1 PULL							LJ Uridrige	Addition	
NAME	AAEA MA		GOMERY AVE #11	150			IAME							
STREET ADDIES	BETHES							ADDRESS						
CHY-S1-ZIP THEE	VT				DELETE	34. [4.1 T		ST-ZIP				☐ Change	Addition	
NAME	MARTIN	HE	IEN S		Lad Deterie							L. Vilarige	L. AGOMON	
STREET ADDRE	AEEA NA		GOMERY AVE #11	50			NAME	ADDRESS						
	BETHES							į.						
CHY-S1-ZIP	v				DELETE	9.4 C		ST-ZIP				Change	Addition	
NAMê	BOOHE	R. W	/ T		- occer		IAME					- Sumingo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRE	4550 546		OMERY AVE #115	0				ADDRESS						
	BETHES			-										
C(TY-S1-ZIP TITLE	VS	 1			DELETE	5.4 C		ST-ZIP				Change	Addition	
NAME	DYER, P	AUI	AL		hand manage		IAME					4.m./go	hand . woulder	
STREET ADDRE	AEEO MA		GOMERY AVE #11	150		- 6		I ADDDECC						
	BETHES							ADDRESS						
011Y-S1-ZIP 14. Ldo ho	ereby certify tha	at the	e information supotied	i with t	his filing does not qual	lify for the	exe	T-ZIP Imption sta	ated in	Section 119.07(3)(i), Florida Statute	s. I furthe	er certify that	the	
inform Lam a	ation indicated in officer or dire	on the	pis annual report or si of the corporation or	upplen the rec	rental annual report is beiver or trustee empoy	true and wered to	acci	urate and toute this re	that my	y signature shall have the same lega s required by Chapter 607, Florida S	l effect a statutes;	is if made un and that my	ider oath; that name	