

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

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000005711 (7)

1. Corporation Name  
FGI FINANCING I CORPORATION

Principal Place of Business  
11320 RANDOM HILLS ROAD  
SUITE 400  
FAIRFAX VA 22030

Mailing Address  
11320 RANDOM HILLS ROAD  
SUITE 400  
FAIRFAX VA 22030-8001



3. Date Incorporated or Qualified  
12/16/1993  
3a. Date of Last Report  
05/01/1996

2. Principal Place of Business 21. <b>Marriott Drive</b> Suite, Apt. #, etc. 22. <b>Dept. 924.13</b> City & State 23. <b>Washington, DC</b> Zip 24. <b>20058</b>	2a. Mailing Address 26. <b>Marriott Drive</b> Suite, Apt. #, etc. 27. <b>Dept. 924.13</b> City & State 28. <b>Washington, DC</b> Zip 29. <b>20058</b>	4. FEI Number <b>35-1905924</b> 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>	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 <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP P JOHNSON, PAUL E 11320 RANDOM HILLS ROAD, #400 FAIRFAX VA 22030	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Marriott Drive, Dept. 924.13</b> <b>Washington, DC 20058</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPT MORROW, TERRANCE P 11320 RANDOM HILLS ROAD, SUITE 400 FAIRFAX VA 22030	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Marriott Drive, Dept. 924.13</b> <b>Washington, DC 20058</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP SHAW, WILLIAM J 11320 RANDOM HILLS ROAD, SUITE 400 FAIRFAX VA	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Marriott Drive, Dept. 924.13</b> <b>Washington, DC 20058</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP CLARKE, CAROL I 11320 RANDOM HILLS ROAD, SUITE 400 FAIRFAX VA 22030	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Marriott Drive, Dept. 924.13</b> <b>Washington, DC 20058</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP S MCGLOCKTON, JOAN 11320 RANDOM HILLS ROAD, SUITE 400 FAIRFAX VA 22030	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Marriott Drive, Dept. 924.13</b> <b>Washington, DC 20058</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP AS BRUFF, CAROL 11320 RANDOM HILLS ROAD, SUITE 400 FAIRFAX VA 22030	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Assistant Secretary</b> <b>Nancy L. Benz</b> <b>Marriott Drive, Dept. 924.13</b> <b>Washington, DC 20058</b>

14. I do 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 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: Nancy L. Benz WANCY L. BENZ 1/31/97 (301) 380-1233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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