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FILED
Mar 27 1998 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



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

**MARIOTT DRIVE
DPT 294.13
WASHINGTON DC 20058
US**

Mailing Address

**MARIOTT DRIVE
DPT 294.13
WASHINGTON DC 20058
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1993

4. FEI Number

35-1905924

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 10400 Fernwood Road

Suite, Apt. #, etc.

22 500,

City & State

23 Bethesda, MD

Zip

24 20817-1109

Country

25 USA

2a. Mailing Address

26 10400 Fernwood Road

Suite, Apt. #, etc.

27 Dept. 862, Suite 500

City & State

28 Bethesda, MD

Zip

29 20817-1109

Country

30 USA

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

TITLE **P** ☒ DELETE

NAME **JOHNSON, PAUL E**
STREET ADDRESS **MARIOTT DRIVE DPT 294.13**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **VPT** ☒ DELETE

NAME **MORROW, TERRANCE P**
STREET ADDRESS **MARIOTT DR DPT 294.13**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **VP** ☒ DELETE

NAME **SHAW, WILLIAM J**
STREET ADDRESS **MARIOTT DR DPT 294.13**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **VP** ☒ DELETE

NAME **CLARKE, CAROL I**
STREET ADDRESS **MARIOTT DR DPT 294.13**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **S** ☒ DELETE

NAME **MCGLOCKTON, JOAN**
STREET ADDRESS **MARIOTT DR DEPT 294.13**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **AS** ☒ DELETE

NAME **BENZ, NANCY L**
STREET ADDRESS **MARIOTT DR DEPT 294.13**
CITY-ST-ZIP **WASHINGTON DC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **PARSONS, ROBERT E.**
1.3 STREET ADDRESS **10400 FERNWOOD ROAD**
1.4 CITY-ST-ZIP **BETHESDA, MD 20817-1109**

2.1 TITLE **SVD** ☐ Change ☒ Addition

2.2 NAME **TOWNSEND, CHRISTOPHER G.**
2.3 STREET ADDRESS **10400 FERNWOOD ROAD**
2.4 CITY-ST-ZIP **BETHESDA, MD 20817-1109**

3.1 TITLE **T** ☐ Change ☒ Addition

3.2 NAME **WARDINSKI, BRUCE D.**
3.3 STREET ADDRESS **10400 FERNWOOD ROAD**
3.4 CITY-ST-ZIP **BETHESDA, MD 20817-1109**

4.1 TITLE **AS** ☐ Change ☒ Addition

4.2 NAME **WALLACE SUSAN E.**
4.3 STREET ADDRESS **10400 FERNWOOD ROAD**
4.4 CITY-ST-ZIP **BETHESDA, MD 20817-1109**

5.1 TITLE **V** ☐ Change ☒ Addition

5.2 NAME **BUCKLEY, DAVID L.**
5.3 STREET ADDRESS **10400 FERNWOOD ROAD**
5.4 CITY-ST-ZIP **BETHESDA, MD 20817-1109**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **LIEBERMAN, ELIZABETH R.**
6.3 STREET ADDRESS **10400 FERNWOOD ROAD**
6.4 CITY-ST-ZIP **BETHESDA, MD 20817-1109**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

CR2E034 (10/97)