

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90120 017 ***150.00

DOCUMENT # F93000005711

1. Corporation Name

FGI FINANCING I CORPORATION

CCC FINANCING I CORPORATION

Principal Place of Business

10400 FERNWOOD RD
SUITE 500
BETHESDA MD 20817-1109
US

Mailing Address

10400 FERNWOOD RD
DEPT 862, SUITE 500
BETHESDA MD 20817-1109
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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	PARSONS, ROBERT E.	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	TOWNSEND, CHRISTOPHER G.	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WARDINSKI, BRUCE D.	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, SUSAN E.	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BUCKLEY, DAVID L.	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LIEBERMAN, ELIZABETH R.	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANCIS, JAMES L.	
1.3 STREET ADDRESS	10400 FERNWOOD ROAD	
1.4 CITY-ST-ZIP	BETHESDA, MD 20817-1109	
2.1 TITLE	SVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COLDEN, TRACY M. J.	
2.3 STREET ADDRESS	10400 FERNWOOD ROAD	
2.4 CITY-ST-ZIP	BETHESDA, MD 20817-1109	
3.1 TITLE	TV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HARVEY, LARRY K.	
3.3 STREET ADDRESS	10400 FERNWOOD ROAD	
3.4 CITY-ST-ZIP	BETHESDA, MD 20817-1109	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LIEBERMAN, ELIZABETH R.	
4.3 STREET ADDRESS	10400 FERNWOOD ROAD	
4.4 CITY-ST-ZIP	BETHESDA, MD 20817-1109	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STEMERMAN, BRUCE F.	
5.3 STREET ADDRESS	10400 FERNWOOD ROAD	
5.4 CITY-ST-ZIP	BETHESDA, MD 20817-1109	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MCMAHON, JOHN J.	
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracy M.J. Colden
Tracy M.J. Colden

4/23/99

Date

(240) 694-2023

Daytime Phone #

CR2E034 (1/98)