

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**FILED**  
**Aug 12 1997 8:00am**  
**Secretary of State**

**DOCUMENT # F94000000108 (0)**

1. Corporation Name

**ORP CORPORATION IV**



Principal Place of Business

**7200 WISCONSIN AVE., SUITE 1100  
BETHESDA MD 20814**

Mailing Address

**7200 WISCONSIN AVE., SUITE 1100  
BETHESDA MD 20814**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/07/1994**

3a. Date of Last Report

**02/21/1996**

4. FEI Number

**52-1864510**

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**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

**23**

27. City & State

**28**

Zip

Country

**24**

**25**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
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 **DC** ☐ DELETE

NAME **ZICKLER, LEO E**  
STREET ADDRESS **7200 WISCONSIN AVE., #1100**  
CITY-ST-ZIP **BETHESDA MD**

TITLE **D** ☐ DELETE

NAME **DOWNING, ROBERT B**  
STREET ADDRESS **7200 WISCONSIN AVE., #1100**  
CITY-ST-ZIP **BETHESDA MD**

TITLE **S** ☐ DELETE

NAME **ABRAMS, MARC B**  
STREET ADDRESS **7200 WISCONSIN AVE., #1100**  
CITY-ST-ZIP **BETHESDA MD**

TITLE **T** ☐ DELETE

NAME **WILLARD, KENNETH C**  
STREET ADDRESS **7200 WISCONSIN AVE., #1100**  
CITY-ST-ZIP **BETHESDA MD**

TITLE **T** ☐ DELETE

NAME **LAVIN, FRANCES P**  
STREET ADDRESS **7200 WISCONSIN AVE., #1100**  
CITY-ST-ZIP **BETHESDA MD 20814**

TITLE **T** ☐ DELETE

NAME **EWERS, MARY ANN**  
STREET ADDRESS **7200 WISCONSIN AVE., #1100**  
CITY-ST-ZIP **BETHESDA MD 20814**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP **20814**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP **20814**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP **20814**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP **20814**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP **20814**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **AS**

6.3 STREET ADDRESS **Ewers, Mary Ann**

6.4 CITY-ST-ZIP **7200 Wisconsin Ave., #1100**

**Bethesda, MD 20814**

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: *Mary Ann Ewers*

**2-24-92 (36) 361-3528**

CP2E034 (4/97)