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FILED

Feb 21 1996 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



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

1996-21-96 B-1370 C

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

3. Date Incorporated or Qualified
01/07/1994

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 has liability for intangible tax under s 199.032,
Florida Statutes

☐

Yes

☐

No

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

PDC

☐ DELETE

NAME

ZICKLER, LEO E

STREET ADDRESS

7200 WISCONSIN AVE., #1100

CITY-ST-ZIP

WASHINGTON DC 20814

TITLE

VD

☐ DELETE

NAME

DOWNING, ROBERT B

STREET ADDRESS

7200 WISCONSIN AVE., #1100

CITY-ST-ZIP

WASHINGTON DC 20814

TITLE

S

☐ DELETE

NAME

ABRAMS, MARC B

STREET ADDRESS

7200 WISCONSIN AVE., #1100

CITY-ST-ZIP

WASHINGTON DC 20814

TITLE

T

☐ DELETE

NAME

WILLARD, KENNETH C

STREET ADDRESS

7200 WISCONSIN AVE., #1100

CITY-ST-ZIP

WASHINGTON DC 20814

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D/C

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Bethesda, MD 20814

2.1 TITLE

D

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Bethesda, MD 20814

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Bethesda, MD 20814

4.1 TITLE

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Bethesda, MD 20814

5.1 TITLE

☐ Change

☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

LAVIN, FRANCIS P
7200 Wisconsin Ave., #1100
Bethesda, MD 20814

6.1 TITLE

AS

☐ Change

☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

EWERS, MARY ANN
7200 Wisconsin Ave., #1100
Bethesda, MD 20814

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 MARY ANN EWERS 2-1-96 (301) 961-3528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (12/95)