DUCINECS DEDART (LIDD)

- }	UNIFORM BUSI	R)		ΑÞ	PRQVE	P	y(100-7	<u>,</u>		
DOCUMENT # F9400000108 1. Entits, Name										
	PRPORATION IV						l live family			
••						00 JUL	19 AN	8: 23		
Principal Plac	e of Business	Mailing Address				ARABET	<u>ለመህ </u> ልሞ	سامان و متاب		
7200 WISCONSIN AVE SUITE 1100		7200 WISCONSIN AVE SUITE 1100				SECRET. TALLAHA	AHY OF SSEE, FI	STATE		
BETHESDA MO	0 20814	BETHESDA MD 20814				Ti Herenz 11 11				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SP	ACE		
City & State		City & State		4.	FEI Number	52-1864510)		plied For	7
Zip	Country	Zip	Country	5	Certificate of S	Status Desired		8.75 Add	litional	1
	6. Name and Address of Current F	legistered Agent				dress of New Reg	_ F	e Require	d `	-
	o. Name and Address of Current P	legistered Agent	Name		tame and Ad	<u> </u>	JISTOTO AS	JOIN .		1
CORPORATION SERVICE COMPANY 1201 HAYS ST.			Street A	Street Address (P.O. Box Number is Not Acceptable)						
	LAHASSEE FL 32301					·				1
			City			· ···.	FL	Zip Cod		1
8. The above	named entity submits this statement for	the purpose of changing its re	eaistered office o	or registered ag	ent, or both, in	the State of Flori		<u> </u>		1
2. 1//2 0.2010		and prosperition of the state o	- G							
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signa	ture required when re	einstating)		DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! F				.00	10 Electic	n Campaign Fina	ncina	¢E O	0.44	1
Tax filing requirement and elects to do so. (See criteria on back)		After SEPTEMBER 13, 2000 Min. will be \$75 Make Check Payable to Department of Sta			Trust Fund Contribution. Added to Fees					
11.	OFFICERS AND D		12.	AC	DITIONS/CH	ANGES TO OFFIC				_ نے ا
TITLE NAME	DC Zickler, Leo e	☐ Delete	TITLE NAME					Change	☐ Addition	3
STREET ADDRESS	7200 WISCONSIN AVE., #1100		STREET ADDRESS							47.7
CITY-ST-ZIP	BETHESDA MD D		CITY-ST-ZIP	ļ			<u></u> f	Change	Addition)
TITLE NAME	DOWNING, ROBERT B	☐ Delete	TITLE NAME	1			·	change	☐ Addition	
STREET ADDRESS	7200 WISCONSIN AVE., #1100	_	STREET ADDRESS							1
CITY-ST-ZIP	BETHESDA MD S	□. Deléte	CITY-ST-ZIP					Change	Addition	-
TITLE NAME	ABRAMS, MARC B	ė, Deiele	NAME				L			
STREET ADDRESS	7200 WISCONSIN AVE., #1100		STREET ADDRESS							
CITY-ST-ZIP TITLE	BETHESDA MD	Delete	CITY-ST-ZIP	ľ			Г	Change	☐ Addition	-
NAME	, Willard, Kenneth C	L Delete	NAME				•	0.00,90		
STREET ADDRESS	7200 WISCONSIN AVE., #1100		STREET ADDRESS				Λ	1		
CITY-ST-ZIP	BETHESDA MD T	☐ Delete	CITY-ST-ZIP	<u> </u>			N \	Chenge	Addition	-
NAME	LAVIN, FRANCES P	C) Delete	NAME				/ //// /	11	, , doi(13)	
STREET ADDRESS	7200 WISCONSIN AVE., #1100		STREET ADDRESS CITY-ST-ZIP							
CITY-ST-ZIP TITLE	BETHESDA MD AS	☐ Delete	TITLE				Г	Change	Addition	-
NAME	EWERS, MARY ANN	La Delete	NAME		60	00033	3290	još	9	-
STREET ADDRESS	7200 WISCONSIN AVE., #1100		STREET ADDRESS							
CITY-ST-ZIP	BETHESDA MD		CITY-ST-ZIP							

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KS. 2012



ACCOUNT NO. : 072100000032

766888 REFERENCE

4321985

AUTHORIZATION

COST LIMIT

ORDER DATE : July 18, 2000

4:13 PM ORDER TIME :

ORDER NO. : 766888-105

CUSTOMER NO: 4321985

CUSTOMER: Mary Ann Ewers, Legal Asst

Oxford Realty Financial Group

7200 Wisconsin Ave.

11th Floor

Bethesda, MD 20814-4815

ANNUAL REPORT FILING

NAME: ORP CORPORATION IV

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA

TALLAHASSEE, FLOPIDA DIVISION OF CORPORATIONS EXAMINER'S INITHALS 30 INSWIB VEGO

00 70F 13 bW #: 38

BECEINED