

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL -7 AM 9:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F94000001458 (8)

1. Corporation Name

COMMUNICATION SERVICES OF WASHINGTON D.C., INC.

Principal Place of Business

1790 M STREET N.W., STE 412
WASHINGTON DC 20036

Mailing Address

1790 M STREET N.W., STE 412
WASHINGTON DC 20036

123

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/23/1994

3a. Date of Last Report

2. Principal Place of Business

21 1333 New Hampshire Ave NW
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.

4. FEI Number

52-1803027

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. 189.032,
Florida Statutes ☐ Yes ☒ No

22 Suite 1000

27 City & State

23 Washington DC

28 City & State

24 20036

29 Zip

Country

30 Zip

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 PCT
NAME WINSTON, JAMES L
STREET ADDRESS 1730 M STREET N.W., STE 412
CITY - ST - ZIP WASHINGTON DC

TITLE SD
NAME COOKE JR., FREDERICK D
STREET ADDRESS 1730 M STREET N.W., STE 412
CITY - ST - ZIP WASHINGTON DC

TITLE D
NAME STONE, STEVEN J
STREET ADDRESS 1730 M STREET N.W., STE 412
CITY - ST - ZIP WASHINGTON DC

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1333 New Hampshire Ave. NW
1.4 CITY - ST - ZIP Washington DC 20036

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1333 New Hampshire Ave. NW
2.4 CITY - ST - ZIP Washington DC 20036

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 1333 New Hampshire Ave. NW
3.4 CITY - ST - ZIP Washington DC 20036

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(b), 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 attached report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/95 202-775-8100
Lynette Hester