∴ FILEMOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997

NAME

TITE F

NAME STREET ADDRESS

TITLE

NAMÉ

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1650 TYSONS BLVD, STE 1600

MCLEAN VA

appears in Block 12 or Black



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400002134 (4)

JER VENTURE MANAGEMENT, INC.

Principal Place of Business Mailing Address 1650 TYSONS BLVD 1650 TYSONS BLVD SUITE 1800 MOLEAN VA 22102 SUITE 1800 MCLEAN VA 22102-3915 3a. Date of Last Report 3. Date Incorporated or Qualified 04/25/1994 02/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 54-1688405 26 Not Applicable \$8.75 Additional Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 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 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 reinstaling DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CEO, COO, Chairman, Directors Lad OFFICERS AND DIRECTORS 12. 13. CPSD DELETE 1.1 TITLE TITLE ROBERT, JOSEPH E JR 1.2 NAME NAME[₩] 1650 TYSONS BLVD STE.1600 STREET ADDRESS 1.3 STREET ADDRESS MCLEAN VA CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MARK A. FERUCCI 2.2 NAME NAME 1209 ORANGE STREET STREET ADDRESS 23 STREET ADDRESS WILMINGTON DE 19801 2 4 CITY - ST - ZIP CITY-ST-ZIP 10000220823¹f^{hange} -06/11/97--01006--026 ■ Addition DELETE 31 TITLE James L. Lozier NAME 3.2 NAME **1850 TYSONS BLVD STE. 1800** 3.3 STREET ADDRESS STREET ADDRESS ***165.00 MCLEAN VA 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE HARKINS, RICHARD A

4. 2 NAME

5.1 7(TLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

2000 Days Dr

13 if changed, or on an attachment with an address

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Asst. Sec.

Patricia Russell Coover

McLean, VA 22102

1650 Tysons Boulevard, Suite 1600

5.4 CITY - ST- ZIP

4.4 CITY-ST-ZIP

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 22/07

Change

Addition

X Addition

FILED

Jun 03 1997 8:00am

Secretary of State