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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F94000003068 (3)**

1. Corporation Name
MCGREGOR PRINTING CORPORATION

Principal Place of Business
2121 "K" ST NW
SUITE 810
WASHINGTON DC 20037

Mailing Address
2121 "K" ST NW
SUITE 810
WASHINGTON DC 20037-1801

3. Date Incorporated or Qualified: **06/13/1994**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 | Suite/Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address
26 | Suite/Apt. # etc. 27 | City & State 28 | Zip 29 | Country 30

4. FEI Number: **52-1847651** ☐ 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BYRON, LOUIS M	1.2 NAME	
STREET ADDRESS	4714 FOXHALL CRESENTS WESTGATE NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	1.4 CITY-ST-ZIP	
TITLE	~~VTD~~ ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KRAKOWER, VICTOR D only	2.2 NAME	
STREET ADDRESS	10244 DEMOCRACY BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD	2.4 CITY-ST-ZIP	
TITLE	~~ASD~~ ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FEARING, FRED A D +	3.2 NAME	
STREET ADDRESS	9113 BELMART RD A S	3.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CHAREQ, PATTY	4.2 NAME	
STREET ADDRESS	6611 JUPITER HILLS CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA	4.4 CITY-ST-ZIP	
TITLE	CFO ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Paul Leleck	5.2 NAME	
STREET ADDRESS	1606 Fawnlily Court	5.3 STREET ADDRESS	
CITY-ST-ZIP	Rockville, Md. 20853	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: ✓ Paul Leleck CFO 3/11/97 202-333-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #