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**APPROVED
AND
FILED**

95 MAY -1 AM 10: 36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000003858 (7)

**1. Corporation Name
ACQUISITION INVESTMENT COMPANY, INC.**

**Principal Place of Business Mailing Address
8737 COLESVILLE ROAD, SUITE 800 8737 COLESVILLE ROAD, SUITE 800
SILVER SPRING MD 20910 SILVER SPRING MD 20910**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified 3a. Date of Last Report
07/21/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

**4. FEI Number Applied For
52-1881285 Not Applicable**

**5. Certificate of Status Desired \$8.75 Additional
Fee Required**

**6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution 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

**LUNDSTROM, MATT
2447 NORTH WICKHAM ROAD, SUITE 118
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

**01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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. (Block 9) _____ (Block 10) Registered Agent signature required when the change of _____ DATE:

12. OFFICERS AND DIRECTORS

TITLE	VT
NAME	BOWDITCH, PATRICIA
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY, ST, ZIP	SILVER SPRING MD 20910
TITLE	V
NAME	EVERNGAM, WILLIAM
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY, ST, ZIP	SILVER SPRING MD 20910
TITLE	S
NAME	DONNELLY, RUTH
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY, ST, ZIP	SILVER SPRING MD 20910
TITLE	D
NAME	BAINUM, STEWART
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY, ST, ZIP	SILVER SPRING MD 20910
TITLE	D
NAME	BAINUM, BARBARA J
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY, ST, ZIP	SILVER SPRING MD 20910
TITLE	D
NAME	BAINUM, STEWART W JR
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY, ST, ZIP	SILVER SPRING MD 20910

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	000001485260
13 STREET ADDRESS	-05/12/95--01020--006
14 CITY, ST, ZIP	****225.00 ****225.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(a), 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: *Patricia L. Bowditch V.P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia L. Bowditch, Vice-President

5/10/95
Date
5/10/95

BW
Date
301/495-4400
047465 FP