

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000003858 (7)**

1. Corporation Name
ACQUISITION INVESTMENT COMPANY, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/21/1994	3a. Date of Last Report 05/01/1995
21		26		4. FEI Number 52-1881285	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
	25		30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LUNDSTROM, MATT 2447 NORTH WICKHAM ROAD, SUITE 118 MELBOURNE FL 32935				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	VT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWDITCH, PATRICIA	1.2 NAME	
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800	1.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD 20910	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVERNGAM, WILLIAM	2.2 NAME	SHREVE, CHRISTINE A.
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800	2.3 STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY-ST-ZIP	SILVER SPRING MD 20910	2.4 CITY-ST-ZIP	SILVER SPRING, MD. 20910
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNELLY, RUTH	3.2 NAME	MOORE, GARLAND P. JR.
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800	3.3 STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY-ST-ZIP	SILVER SPRING MD 20910	3.4 CITY-ST-ZIP	SILVER SPRING, MD. 20910
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAINUM, STEWART	4.2 NAME	P/D BAINUM, STEWART
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800	4.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD 20910	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAINUM, BARBARA J	5.2 NAME	FROOM, ROBERTA D.
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800	5.3 STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY-ST-ZIP	SILVER SPRING MD 20910	5.4 CITY-ST-ZIP	SILVER SPRING, MD 20910
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAINUM, STEWART W JR	6.2 NAME	BAINUM, BRUCE
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800	6.3 STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY-ST-ZIP	SILVER SPRING MD 20910	6.4 CITY-ST-ZIP	SILVER SPRING, MD 20910

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)(k), 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 _____ address.

SIGNATURE: *Patricia C. Bowditch* **PATRICIA C. BOWDITCH** DATE: **4/24/96** DAY/TIME PHONE #: **301-495-4400**

CR2E034 (12/95)