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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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 20910-3821

3. Date Incorporated or Qualified **07/21/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

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

21. State, Apt. #, etc.

26. State, Apt. #, etc.

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

22. City & State

27. City & State

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

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. 25. 29. 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

61 Name
 62 Street Address (P.O. Box Number is Not Acceptable)
 63
 64 City **FL** 65 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
NAME	BOWDITCH, PATRICIA
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY - ST - ZIP	SILVER SPRING MD 20910
TITLE	V <input type="checkbox"/> DELETE
NAME	EVERNGAM, WILLIAM
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY - ST - ZIP	SILVER SPRING MD 20910
TITLE	S <input type="checkbox"/> DELETE
NAME	DONNELLY, RUTH
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY - ST - ZIP	SILVER SPRING MD 20910
TITLE	PD <input type="checkbox"/> DELETE
NAME	BAINUM, STEWART
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY - ST - ZIP	SILVER SPRING MD
TITLE	D <input type="checkbox"/> DELETE
NAME	BAINUM, BARBARA J
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY - ST - ZIP	SILVER SPRING MD 20910
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BAINUM, STEWART W JR
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY - ST - ZIP	SILVER SPRING MD 20910

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D SHREVE, CHRISTINE A.
6.3 STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
6.4 CITY - ST - ZIP	SILVER SPRING, MD 20910

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: *Patricia L. Bowditch* V.P.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/9/97** Daytime Phone **(301) 455-4400**

CR2E034 (9/96)