

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 # F94000005965 (8)

1. Corporation Name

HMC ACQUISITIONS, INC.

Principal Place of Business

10400 FERNWOOD RD.
DEPT. 72/862
BETHESDA MD 20817

Mailing Address

10400 FERNWOOD RD.
DEPT. 72/862
BETHESDA MD 20817



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

26. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

11/18/1994

3a. Date of Last Report

03/27/1995

4. FEI Number

52-1858275

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

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

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PDV	BOLLENBACH, STEPHEN F	1555 35TH ST., N.W.	<input checked="" type="checkbox"/>
	WASHINGTON DC			
	VS	TOWNSEND, C G	10 PARAMUS CT.	<input type="checkbox"/>
	GAITHERSBURG MD 20878			
	AS	WALLACE, SUSAN E	25 BUSH HILL CT.	<input type="checkbox"/>
	GAITHERSBURG MD 20878			
	TV	PARSONS, ROBERT E JR	5 PARAMUS CT.	<input type="checkbox"/>
	NORTH POTOMAC MD			
	D	MARRIOTT, RICHARD E	18040 PLEASANT HILL DR.	<input checked="" type="checkbox"/>
	POTOMAC MD 20854			
	VD	HART, MATTHEW J	8801 WATTS MINE TER.	<input type="checkbox"/>
	POTOMAC MD			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
V/D	Stephen J. McKenna	10400 Fernwood Road	Bethesda, MD 20817-1109	V	William E. Einstein	10400 Fernwood Road	Bethesda, MD 20817-1109	V/AS	Pamela J. Murch	10400 Fernwood Road	Bethesda, MD 20817-1109	P/D				AS	Rebecca W. Killion	10400 Fernwood Road	Bethesda, MD 20817-1109	D			
<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition

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 an address.

SIGNATURE

Susan E. Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan E. Wallace 4/18/96 (301) 380-9000

Date

Daytime Phone #

CR2E034 (12/95)