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Feb 11 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 # **F95000000400 (0)**

1. Corporation Name
FORUM ALPHA INVESTMENTS, INC.

Principal Place of Business	Mailing Address
11320 RANDOM HILLS RD., SUITE 400 FAIRFAX VA 22030	P.O. BOX 40498 INDIANAPOLIS IN 46240-0498

3. Date Incorporated or Qualified: 01/25/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: Marriott Drive
22 Suite, Apt. #, etc.: Dept. 924.13
23 City & State: Washington, DC
24 Zip: 20058
25 Country:

2a. Mailing Address
26: Marriott Drive
27 Suite, Apt. #, etc.: Dept. 924.13
28 City & State: Washington, DC
29 Zip: 20058
30 Country:

4. FEI Number: 35-1931145 ☐ 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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SHAW, WILLIAM J.		1.2 NAME		
STREET ADDRESS	11320 RANDOM HILLS RD., SUITE 400		1.3 STREET ADDRESS	Marriott Drive, Dept. 924.13	
CITY-ST-ZIP	FAIRFAX VA 22030		1.4 CITY-ST-ZIP	Washington, DC 20058	
TITLE	P	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	JOHNSON, PAUL E.		2.2 NAME		
STREET ADDRESS	11320 RANDOM HILLS RD., SUITE 400		2.3 STREET ADDRESS	Marriott Drive, Dept. 924.13	
CITY-ST-ZIP	FAIRFAX VA 22030		2.4 CITY-ST-ZIP	Washington, DC 20058	
TITLE	VP/S	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BEDNARZ, EDWARD L.		3.2 NAME		
STREET ADDRESS	11320 RANDOM HILLS RD., SUITE 400		3.3 STREET ADDRESS	Marriott Drive, Dept. 924.13	
CITY-ST-ZIP	FAIRFAX VA 22030		3.4 CITY-ST-ZIP	Washington, DC 20058	
TITLE	T/VP	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MOLLOW, TERRENA P.		4.2 NAME		
STREET ADDRESS	11320 RANDOM HILLS RD., SUITE 400		4.3 STREET ADDRESS	Marriott Drive, Dept. 924.13	
CITY-ST-ZIP	FAIRFAX VA 22030		4.4 CITY-ST-ZIP	Washington, DC 20058	
TITLE	S	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	MCGLOCKTON, JOAN		5.2 NAME		
STREET ADDRESS	11320 RANDOM HILLS RD., SUITE 400		5.3 STREET ADDRESS	Marriott Drive, Dept. 924.13	
CITY-ST-ZIP	FAIRFAX VA 22030		5.4 CITY-ST-ZIP	Washington, DC 20058	
TITLE	S	☒ DELETE	6.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME	BRUFF, CAROL		6.2 NAME	Nancy L. Benz	
STREET ADDRESS	11320 RANDOM HILLS RD., SUITE 400		6.3 STREET ADDRESS	Marriott Drive, Dept. 924.13	
CITY-ST-ZIP	FAIRFAX VA 22030		6.4 CITY-ST-ZIP	Washington, DC 20058	

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: Nancy L Benz NANCY L. BENZ 1/31/97 (301) 380-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #