

3/27/98 B-3815 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000000400 (0)**

1. Corporation Name

**FORUM ALPHA INVESTMENTS, INC.**

Principal Place of Business

**MARRIOTT DRIVE  
DEPT. 924.13  
WASHINGTON DC 20058  
US**

Mailing Address

**MARRIOTT DRIVE  
DEPT. 924.13  
WASHINGTON DC 20058  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/25/1995**

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **10400 Fernwood Road**

Suite, Apt. #, etc.

22 **500,**

City & State

23 **Bethesda, MD**

Zip

24 **20817-1109**

Country

25 **USA**

2a. Mailing Address

26 **10400 Fernwood Road**

Suite, Apt. #, etc.

27 **Dept. 862, Suite 500**

City & State

28 **Bethesda, MD**

Zip

29 **20817-1109**

Country

30 **USA**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAW, WILLIAM J.</b>	
STREET ADDRESS	<b>MARRIOTT DRIVE, DEPT 924.13</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSON, PAUL E.</b>	
STREET ADDRESS	<b>MARRIOTT DRIVE, DEPT 924.13</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	
TITLE	<b>VP/S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BEDNARZ, EDWARD L.</b>	
STREET ADDRESS	<b>MARRIOTT DRIVE, DEPT 924.13</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	
TITLE	<b>T/VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOLLOW, TERRENA P.</b>	
STREET ADDRESS	<b>MARRIOTT DRIVE, DEPT 924.13</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCGLOCKTON, JOAN</b>	
STREET ADDRESS	<b>MARRIOTT DRIVE, DEPT 924.13</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BENZ, NANCY L.</b>	
STREET ADDRESS	<b>MARRIOTT DRIVE, DEPT 924.13</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PARSONS, ROBERT E.</b>	
1.3 STREET ADDRESS	<b>10400 FERNWOOD ROAD</b>	
1.4 CITY-ST-ZIP	<b>BETHESDA, MD 20817-1109</b>	
2.1 TITLE	<b>SVD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>TOWNSEND, CHRISTOPHER G.</b>	
2.3 STREET ADDRESS	<b>10400 FERNWOOD ROAD</b>	
2.4 CITY-ST-ZIP	<b>BETHESDA, MD 20817-1109</b>	
3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>WARDINSKI, BRUCE D.</b>	
3.3 STREET ADDRESS	<b>10400 FERNWOOD ROAD</b>	
3.4 CITY-ST-ZIP	<b>BETHESDA, MD 20817-1109</b>	
4.1 TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>WALLACE SUSAN E.</b>	
4.3 STREET ADDRESS	<b>10400 FERNWOOD ROAD</b>	
4.4 CITY-ST-ZIP	<b>BETHESDA, MD 20817-1109</b>	
5.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>BUCKLEY, DAVID L.</b>	
5.3 STREET ADDRESS	<b>10400 FERNWOOD ROAD</b>	
5.4 CITY-ST-ZIP	<b>BETHESDA, MD 20817-1109</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>LIEBERMAN, ELIZABETH R.</b>	
6.3 STREET ADDRESS	<b>10400 FERNWOOD ROAD</b>	
6.4 CITY-ST-ZIP	<b>BETHESDA, MD 20817-1109</b>	

14. I 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

3/17/98

(301) 380-9000

CR2E034 (1097)