

3/27/98 B-3815 C
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FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10400 Fernwood Road Suite, Apt. #, etc. 22 500, City & State 23 Bethesda, MD Zip 24 20817-1109	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 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 01/25/1995	4. FEI Number 35-1931145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE PD	NAME PARSONS, ROBERT E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 STREET ADDRESS 10400 FERNWOOD ROAD	1.3 CITY-ST-ZIP BETHESDA, MD 20817-1109		
2.1 TITLE SVD	NAME TOWNSEND, CHRISTOPHER G.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 STREET ADDRESS 10400 FERNWOOD ROAD	2.3 CITY-ST-ZIP BETHESDA, MD 20817-1109		
3.1 TITLE T	NAME WARDINSKI, BRUCE D.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 STREET ADDRESS 10400 FERNWOOD ROAD	3.3 CITY-ST-ZIP BETHESDA, MD 20817-1109		
4.1 TITLE AS	NAME WALLACE SUSAN E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 STREET ADDRESS 10400 FERNWOOD ROAD	4.3 CITY-ST-ZIP BETHESDA, MD 20817-1109		
5.1 TITLE V	NAME BUCKLEY, DAVID L.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 STREET ADDRESS 10400 FERNWOOD ROAD	5.3 CITY-ST-ZIP BETHESDA, MD 20817-1109		
6.1 TITLE D	NAME LIEBERMAN, ELIZABETH R.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 STREET ADDRESS 10400 FERNWOOD ROAD	6.3 CITY-ST-ZIP BETHESDA, MD 20817-1109		

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

CP2E034 (10/97)