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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90120 016 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000000400

1. Corporation Name
FORUM ALPHA INVESTMENTS, INC.
CCC ALPHA INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 10400 FERNWOOD ROAD 10400 FERNWOOD ROAD
 SUITE 500 DEPT 862, SUITE 500
 BETHESDA MD 20817-1109 BETHESDA MD 20817-1109
 US US

3. Date Incorporated or Qualified
01/25/1995

2. Principal Place of Business 2a. Mailing Address
 21 26

4. FEI Number Applied For
35-1931145 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27

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

City & State City & State
 23 28

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

Zip Country Zip Country
 24 25 29 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 85 Zip Code
FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PARSONS, ROBERT E	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	TOWNSEND, CHRISTOPHER G	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WARDINSKI, BRUCE D	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, SUSAN E.	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BUCKLEY, DAVID L.	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LIEBERMAN, ELIZABETH R.	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANCIS, JAMES L.	
1.3 STREET ADDRESS	10400 FERNWOOD ROAD	
1.4 CITY-ST-ZIP	BETHESDA, MD 20817-1109	
2.1 TITLE	SVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COLDEN, TRACY M. J.	
2.3 STREET ADDRESS	10400 FERNWOOD ROAD	
2.4 CITY-ST-ZIP	BETHESDA, MD 20817-1109	
3.1 TITLE	TV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HARVEY, LARRY K.	
3.3 STREET ADDRESS	10400 FERNWOOD ROAD	
3.4 CITY-ST-ZIP	BETHESDA, MD 20817-1109	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LIEBERMAN, ELIZABETH R.	
4.3 STREET ADDRESS	10400 FERNWOOD ROAD	
4.4 CITY-ST-ZIP	BETHESDA, MD 20817-1109	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STEMERMAN, BRUCE F.	
5.3 STREET ADDRESS	10400 FERNWOOD ROAD	
5.4 CITY-ST-ZIP	BETHESDA, MD 20817-1109	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MCAHON, JOHN J.	
6.3 STREET ADDRESS	10400 FERNWOOD ROAD	
6.4 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, with all other like empowered.

SIGNATURE: *Tracy M. J. Colden* **Tracy M. J. Colden** **4/23/99** **(240) 694-2023**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)