

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90120 016 ***150.00

DOCUMENT # F95000000400

1. Corporation Name

FORUM ALPHA INVESTMENTS, INC.

CCC ALPHA INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**10400 FERNWOOD ROAD
SUITE 500
BETHESDA MD 20817-1109
US**

**10400 FERNWOOD ROAD
DEPT 862, SUITE 500
BETHESDA MD 20817-1109
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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME PARSONS, ROBERT E
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD 20817

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME FRANCIS, JAMES L.
1.3 STREET ADDRESS 10400 FERNWOOD ROAD
1.4 CITY-ST-ZIP BETHESDA, MD 20817-1109

TITLE SVD ☒ DELETE
NAME TOWNSEND, CHRISTOPHER G
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

2.1 TITLE SVD ☐ Change ☒ Addition
2.2 NAME COLDEN, TRACY M. J.
2.3 STREET ADDRESS 10400 FERNWOOD ROAD
2.4 CITY-ST-ZIP BETHESDA, MD 20817-1109

TITLE T ☒ DELETE
NAME WARDINSKI, BRUCE D
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

3.1 TITLE TV ☐ Change ☒ Addition
3.2 NAME HARVEY, LARRY K.
3.3 STREET ADDRESS 10400 FERNWOOD ROAD
3.4 CITY-ST-ZIP BETHESDA, MD 20817-1109

TITLE AS ☒ DELETE
NAME WALLACE, SUSAN E.
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

4.1 TITLE AS ☐ Change ☒ Addition
4.2 NAME LIEBERMAN, ELIZABETH R.
4.3 STREET ADDRESS 10400 FERNWOOD ROAD
4.4 CITY-ST-ZIP BETHESDA, MD 20817-1109

TITLE V ☒ DELETE
NAME BUCKLEY, DAVID L.
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

5.1 TITLE VD ☐ Change ☒ Addition
5.2 NAME STEMERMAN, BRUCE F.
5.3 STREET ADDRESS 10400 FERNWOOD ROAD
5.4 CITY-ST-ZIP BETHESDA, MD 20817-1109

TITLE D ☒ DELETE
NAME LIEBERMAN, ELIZABETH R.
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

6.1 TITLE V ☐ Change ☒ Addition
6.2 NAME MCMAHON, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracy M.J. Colden

4/23/99

Date

(240) 694-2023

Daytime Phone #

CR2E034 (11/98)