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Jun 03 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 # F95000000475 (2)

1. Corporation Name
TWELFTH JER INVESTMENT MANAGEMENT, INC.



Principal Place of Business

1650 TYSONS BLVD
STE 1600
MCLEAN VA 22102
US

Mailing Address

1650 TYSONS BLVD
STE 1600
MCLEAN VA 22102-3915
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/27/1995

3a. Date of Last Report

02/21/1996

4. FEI Number

54-1704980

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 CDPs
NAME ROBERT JR, JOSEPH E
STREET ADDRESS 1650 TYSONS BLVD, STE 1600
CITY-ST-ZIP MCLEAN VA

TITLE VAS
NAME HARKINS, RICHARD A
STREET ADDRESS 1650 TYSONS BLVD, STE 1600
CITY-ST-ZIP MCLEAN VA

TITLE V
NAME LOZIER JR, JAMES L
STREET ADDRESS 1650 TYSONS BLVD, STE 1600
CITY-ST-ZIP MCLEAN VA

TITLE VTCS
NAME FRAPART, RICHARD R
STREET ADDRESS 600 E. LAS COLINAS BLVD., STE 1900
CITY-ST-ZIP IRVING TX

TITLE VAS
NAME AINSWORTH, BRIAN M
STREET ADDRESS 600 E. LAS COLINAS BLVD., STE 1900
CITY-ST-ZIP IRVING TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CDP
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE S, V
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Asst. Sec.
4.2 NAME Patricia Russell Coover
4.3 STREET ADDRESS 1650 Tysons Boulevard, Suite 1600
4.4 CITY-ST-ZIP McLean, VA 22102

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE T,V,AS
6.2 NAME Bruce T. Cunningham, Jr.
6.3 STREET ADDRESS 1650 Tysons Boulevard
6.4 CITY-ST-ZIP McLean, VA 22102

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

Patricia Russell Coover

4/22/97

7/23/97-8000

CR2E034 (9/96)