

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000000991 (8)**

1. Corporation Name
OXFORD INVESTMENT II CORPORATION

Principal Place of Business
**7200 WISCONSIN AVE., #1100
ATTN: GENERAL COUNSEL
BETHESDA MD 20814**

Mailing Address
**7200 WISCONSIN AVE., #1100
ATTN: GENERAL COUNSEL
BETHESDA MD 20814**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/01/1995		3a. Date of Last Report 02/15/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 52-1603358		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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., STE. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZICKLER, LEO E.	1.2 NAME	
STREET ADDRESS	7200 WISCONSIN AVE. #1100	1.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	1.4 CITY-ST-ZIP	20814
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVIN, FRANCIS P	2.2 NAME	
STREET ADDRESS	7200 WISCONSIN AVE. #1100	2.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20814	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIFRIN, MARK E	3.2 NAME	
STREET ADDRESS	7200 WISCONSIN AVE. #1100	3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20814	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, MARC B	4.2 NAME	
STREET ADDRESS	7200 WISCONSIN AVE. #1100	4.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20814	4.4 CITY-ST-ZIP	
TITLE	TV <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLARD, KENNETH C	5.2 NAME	
STREET ADDRESS	7200 WISCONSIN AVE. #1100	5.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	5.4 CITY-ST-ZIP	20814
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWERS, MARY ANN	6.2 NAME	
STREET ADDRESS	7200 WISCONSIN AVENUE 1100	6.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	6.4 CITY-ST-ZIP	

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 my address.

SIGNATURE:

Mark Schiffrin

7-24-97 (301) 861-3528

CR2E034 (4/97)