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

**PROFIT** CORPORATION **ANNUAL REPORT** 

**19**98

CITY-ST-ZIP



ELORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000000991 (8)

OXFORD INVESTMENT II CORPORATION

Principal Place of Business Mailing Address 7200 WISCONSIN AVE. #1100 7200 WISCONSIN AVE. #1100 ATTN: GENERAL COUNSEL ATTN: GENERAL COUNSEL BETHESDA MD 20814 DO NOT WRITE IN THIS SPACE BETHESDA MD 20814 3. Date Incorporated or Qualified 03/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 52-1603358 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., STE. 105 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition TITLE DELETE 1.1 TITLE Change ZICKLER, LEO E. 1.2 NAME 7200 WISCONSIN AVE. #1100 STREET ADDRESS 1.3 STREET ADDRESS BETHESDA MD CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 1/TLE LAVIN, FRANCIS P NAME 2.2 NAME 7200 WISCONSIN AVE. #1100 STREET ADDRESS 2.3 STREET ADDRESS BETHESDA MD 20814 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE SCHIFRIN, MARK E NAME 3.2 NAME 7200 WISCONSIN AVE. #1100 STREET ADDRESS 3.3 STREET ADDRESS BETHESDA MD 20814 CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE 4.1 TITLE Change Addition ABRAMS, MARC B NAME 4. 2 NAME 7200 WISCONSIN AVE. #1100 STREET ADDRESS 4.3 STREET ADDRESS BETHESDA MD 20814 CITY-\$T-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 1/I/F TITLE WILLARD, KENNETH C NAME 5.2 NAME STREET ADDRESS 7200 WISCONSIN AVE. #1100 5.3 STREET ADDRESS BETHESDA MD CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition EWERS, MARY ANN NAME 6.2 NAME 7200 WISCONSIN AVENUE 1100 STREET ADDRESS 6.3 STREET ADDRESS BETHESDA MD

14. I hereby certify that the information supplied with this filing closs 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.

6.4 CITY - S1 - ZIP