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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002754 (8)**

1. Corporation Name

HINCHCLIFF INTERNATIONAL, INC.

Principal Place of Business

**11 ASCOT PLACE
ITHACA NY 14850**

Mailing Address

**11 ASCOT PLACE
ITHACA NY 14850-1072**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

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 of person authorized to change registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | DELETE |
|-------|--------------------|---------------------------|--------------------|--------------------------|
| CEOP | HOPKINS, GERALD W | 10530 ROSEHAVEN STREET | FAIRFAX VA | <input type="checkbox"/> |
| D | SHETTLEIFF, JOHN F | 411 AVIATION WAY | FREDERICK MD 21701 | <input type="checkbox"/> |
| T | GILBERT, SABRINA | 10530 ROSEHAVEN STREET | FAIRFAX VA 22030 | <input type="checkbox"/> |
| V | NEISS, LYDIA E | 521 IRISH SETTLEMENT ROAD | FREEVILLE NY 10368 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-STATE-ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-STATE-ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-STATE-ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-STATE-ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-STATE-ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-STATE-ZIP |
|-----------|----------|--------------------|--------------------|-----------|------------------|--------------------|--------------------|-----------|----------|--------------------|--------------------|-----------|----------|--------------------|--------------------|-----------|----------|--------------------|--------------------|-----------|----------|--------------------|--------------------|
| | | | | | SHETTLE, JOHN F. | | | | | | | | | | | | | | | | | | |
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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:

Sabrina Gilbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SABRINA GILBERT

3/28/97
Date

703-591-9800
Daytime Phone #

0498238

CR2E034 (9/96)

FILED
Apr 02 1997 8:00am
Secretary of State

