FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
96 MAY 24 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/24/96--01071--001
****225.00 ****225.00

DOCUMENT # F96000000005

1. Corporation Name
Street Retail, Inc.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 12/29/95
3a. Date of Last Report: Initial Report

2. Principal Place of Business
21 4800 Hampden Lane
Suite, Apt. #, etc.
22 Suite 500
City & State
23 Bethesda, MD
Zip 24 20814 Country 25 USA

2a. Mailing Address
26 4800 Hampden Lane
Suite, Apt. #, etc.
27 Suite 500
City & State
28 Bethesda, MD
Zip 29 20814 Country 30 USA

4. FEI Number: 52-1910130 ☐ 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

10. Name and Address of New Registered Agent
81 Name: The Prentice-Hall Corporation System, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
83 1201 Hays Street
84 City: Tallahassee FL 85 Zip Code: 32301

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: Marcia A. Haines, Asst. Secy. DATE: 5-24-96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President/Chairman	☐ DELETE
NAME	Steven J. Guttman	
STREET ADDRESS	4800 Hampden Lane, Suite 500	
CITY-ST-ZIP	Bethesda, MD 20814	
TITLE	Vice Chairman	☐ DELETE
NAME	Hal A. Jasuari	
STREET ADDRESS	4800 Hampden Lane, Suite 500	
CITY-ST-ZIP	Bethesda, MD 20814	
TITLE	Vice President	☐ DELETE
NAME	Ron D. Kaplan	
STREET ADDRESS	4800 Hampden Lane, Suite 500	
CITY-ST-ZIP	Bethesda, MD 20814	
TITLE	General Counsel	☐ DELETE
NAME	Catherine R. Mack	
STREET ADDRESS	4800 Hampden Lane, Suite 500	
CITY-ST-ZIP	Bethesda, MD 20814	
TITLE	Treasurer/Director	☐ DELETE
NAME	Mary Jane Morrow	
STREET ADDRESS	4800 Hampden Lane, Suite 500	
CITY-ST-ZIP	Bethesda, MD 20814	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 5/23/96 (301) 652-3360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #