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Apr 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

DOCUMENT # F96000000005 (6)

1. Corporation Name  
STREET RETAIL, INC.

Principal Place of Business  
4800 HAMPDEN LANE, SUITE 500  
BETHESDA MD 20814

Mailing Address  
4800 HAMPDEN LANE, SUITE 500  
BETHESDA MD 20814-2834

3. Date Incorporated or Qualified 12/29/1995  
3a. Date of Last Report 05/24/1996

2. Principal Place of Business  
21 1626 East Jefferson Street  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1626 East Jefferson Street  
Suite, Apt. #, etc.

4. FEI Number 52-1910130  
Applied For Not Applicable

22 City & State  
27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Rockville, Maryland  
28 Rockville, Maryland

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 20852-4041 25 USA  
29 20852-4041 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PC	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GUTTMAN, STEVEN J			1.2 NAME			
STREET ADDRESS	4800 HAMPDEN LANE, SUITE 500			1.3 STREET ADDRESS	1626 East Jefferson Street		
CITY-ST-ZIP	BETHESDA MD 20814			1.4 CITY-ST-ZIP	Rockville, MD 20852-4041		
TITLE	C	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VASVARI, HAL A			2.2 NAME			
STREET ADDRESS	4800 HAMPDEN LANE, SUITE 500			2.3 STREET ADDRESS	1626 East Jefferson Street		
CITY-ST-ZIP	BETHESDA MD 20814			2.4 CITY-ST-ZIP	Rockville, MD 20852-4041		
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MORROW, MARY J			3.2 NAME			
STREET ADDRESS	4800 HAMPDEN LANE, SUITE 500			3.3 STREET ADDRESS	1626 East Jefferson Street		
CITY-ST-ZIP	BETHESDA MD 20814			3.4 CITY-ST-ZIP	Rockville, MD 20852-4041		
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KAPLAN, RON D			4.2 NAME			
STREET ADDRESS	4800 HAMPDEN LANE, SUITE 500			4.3 STREET ADDRESS	1626 East Jefferson Street		
CITY-ST-ZIP	BETHESDA MD 20814			4.4 CITY-ST-ZIP	Rockville, MD 20852-4041		
TITLE	GC	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MACK, CATHERINE R			5.2 NAME			
STREET ADDRESS	4800 HAMPDEN LANE, SUITE 500			5.3 STREET ADDRESS	1626 East Jefferson Street		
CITY-ST-ZIP	BETHESDA MD 20814			5.4 CITY-ST-ZIP	Rockville, MD 20852-4041		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 an address.

SIGNATURE: MARY JANE MORROW 04-14-97 (301) 998-8100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)