

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 30 1997 8:00am  
Secretary of State

DOCUMENT # F96000001806 (6)

1. Corporation Name:  
BROKERS COMMITMENT CORPORATION

Principal Place of Business  
1313 DOLLEY MADISON BLVD #203  
MCLEAN VA 22101

Mailing Address  
1313 DOLLEY MADISON BLVD #203  
MCLEAN VA 22101-3926



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 11440 Isaac Newton Sq. No.		26 11440 Isaac Newton Sq. No.		04/10/1996		N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 110		27 110		94-2968310		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Reston VA		28 Reston VA		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24 20190		29 20190		30 US		31 US	
Country		Country		32 US		33 US	
25 US		30 US		31 US		32 US	
33 US		34 US		35 US		36 US	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLOWERS, MARY CORPORATION SERVICE COMPANY 1205 HAYS ST TALLAHASSEE FL 32301				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	NAME	HOFF, STEPHEN Z	1.1 TITLE	P	1.2 NAME	CHRIS C. BOWEN
STREET ADDRESS	122 N UNION ST	CITY-STATE-ZIP	ALEXANDRIA VA 22314	1.3 STREET ADDRESS	4204 O DICT.	1.4 CITY-STATE-ZIP	FAIRFAX, VA 2030
TITLE	CEO	NAME	HOFF, STEPHEN Z	2.1 TITLE	S	2.2 NAME	KIMBERLY S. CHRISTO
STREET ADDRESS	122 N UNION ST	CITY-STATE-ZIP	ALEXANDRIA VA 22314	2.3 STREET ADDRESS	2328 NEBRASKA AVE. NW	2.4 CITY-STATE-ZIP	WASHINGTON, DC 20016
TITLE	D	NAME	HOFF, JOHN C H JR	3.1 TITLE	V	3.2 NAME	ERIC C. LITMAN
STREET ADDRESS	2107 FOREST HILL RD	CITY-STATE-ZIP	ALEXANDRIA VA 22307	3.3 STREET ADDRESS	104 RYMOUTH AVE.	3.4 CITY-STATE-ZIP	MARLBOROUGH, NJ 07040
TITLE	V	NAME	HAYES, JAMES	4.1 TITLE	V	4.2 NAME	KEVIN FLOERSCH
STREET ADDRESS	5316 SENTRY	CITY-STATE-ZIP	WOODBIDGE VA 22193	4.3 STREET ADDRESS	717 So. Pitt St.	4.4 CITY-STATE-ZIP	ALEXANDRIA, VA 22314
TITLE	V	NAME	COPELAND, BARBARA	5.1 TITLE		5.2 NAME	
STREET ADDRESS	4819 KING SOLOMON DR	CITY-STATE-ZIP	ANNANDALE VA 20013	5.3 STREET ADDRESS		5.4 CITY-STATE-ZIP	
TITLE	V	NAME	MARINOFF, MORMAN	6.1 TITLE		6.2 NAME	
STREET ADDRESS	221 W ST RD	CITY-STATE-ZIP	FEASTERVILLE PA 19053	6.3 STREET ADDRESS		6.4 CITY-STATE-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: Kimberly S Christo 4/23/97 800-416-2223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)