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May 08 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 # F96000002069 (0)

1. Corporation Name
NHP-HDV SEVENTEEN, INC.

Principal Place of Business
12355 SUNRISE VALLEY DRIVE
RESTON VA 22091-3476

Mailing Address
12355 SUNRISE VALLEY DRIVE
RESTON VA 20191-3458



2. Principal Place of Business

21 8065 Leesburg Pike
Suite, Apt. #, etc.

22 Suite 400
City & State

23 Vienna, VA
Zip

24 22182

Country

25 USA

2a. Mailing Address

26 8065 Leesburg Pike
Suite, Apt. #, etc.

27 Suite 400
City & State

28 Vienna, VA
Zip

29 22182

Country

30 USA

3. Date Incorporated or Qualified

04/24/1996

3a. Date of Last Report

4. FEI Number

APPLIED FOR 54-1801918

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCT ☐ DELETE

NAME HELLER, J R III
STREET ADDRESS 12355 SUNRISE VALLEY DRIVE
CITY - ST - ZIP RESTON VA 22091-3476

TITLE S ☐ DELETE

NAME BANKS, MILDRED C
STREET ADDRESS 12355 SUNRISE VALLEY DRIVE
CITY - ST - ZIP RESTON VA 22091-3476

TITLE D ☒ DELETE

NAME DAVENPORT, LINDA G
STREET ADDRESS 12355 SUNRISE VALLEY DRIVE
CITY - ST - ZIP RESTON VA 22091-3476

TITLE D ☒ DELETE

NAME GREENFIELD, ROBERT M
STREET ADDRESS 12355 SUNRISE VALLEY DRIVE
CITY - ST - ZIP RESTON VA 22091-3476

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 8065 Leesburg Pike
1.4 CITY - ST - ZIP Vienna, VA 22182

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 8065 Leesburg Pike
2.4 CITY - ST - ZIP Vienna, VA 22182

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

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: *Robert M. Greenfield* *Mildred C. Banks, Secy* 4-21-97 703/354-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)