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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DIVISION OF DOCUMENT # F9600002070 (8)

NHP-HDV TEN, INC.

Principal Place of Business

Mailing Address

FILED
May 08 1997 8:00am
Secretary of State



12355 SUNRISE VALLEY DRIVE RESTON VA 22091-3476		12355 SUNRISE VALLEY DR RESTON VA 20191-3458	12355 SUNRISE VALLEY DRIVE RESTON VA 20191-3458				
					Date Incorporated or Qualified 04/24/1996	3a. Date of L	ast Report
·	ace of Business	2a. Mailing Address		4. 1	El Number 54/2/3	101908	Applied For
21 8065	Leesburg Pike	26 8065 Lees 64	7 P. Fe		APPLIED FOR 3777		Not Applicable
Suite. Apt. 1 22 400	<u> </u>	Suite, Apt. #, etc.	<i></i>	<b>5</b> . (	Certificate of Status Desired		75 Additional se Required
City & State		City & State 28 Vienna, VA			Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip 24 22 183	Country 25 USA	29 22 182 3	Country  USA	F		Yes No	der s. 199.032,
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION CERNACE COMPANY 81 Name							
COR	RPORATION SERVICE COMPAN						
				82 Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525							
			B3				
			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							
	Signative, typeofor printed name of registered ag		legistered Agent signatur			DATE	
12.		D DIRECTORS	13.	A	DDITIONS/CHANGES TO OFFIC		ange Addition
TITLE	PCT	DELETE	1.1 TITLE				ange TT Modition
NAME	HELLER, J R III	re-	1.2 NAME		<b>.</b>		
STREET ADDRESS	12355 SUNRISE VALLEY DRI	/E	1.3 STREET ADORESS	0063	Leesburg Pike		i
OFFY-ST-ZIP	RESTON VA 22091-3476 S	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE	Vienne	VA dd 182	Chi	ange Addition
NAME	BANKS, MILDRED C		22 NAME				ange 🗀 recinion
<b>\</b>	12355 SUNRISE VALLEY DRIV	Æ	2.3 STREET ADDRESS	8065	leach - Die		1
STREET ADDRESS	RESTON VA 22091-3476	r <b>c</b>		Vienna	Leesbury Pike		
DITY-S1-789	D	<b>X</b> DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	Pi crina	VA ROL182	☐ Ch	ange Addition
NAME	GREENFIELD, ROBERT M	Autoria	3.2 NAME				
STREET ADDRESS	12355 SUNRISE VALLEY DRI	rs	3.3 STREET ADDRESS				[
'	RESTON VA 22091-3476	· <del>-</del>	3.4. CITY-ST-ZIP				
CITY-ST-ZIP TITLE	D	DELETE	4.1 TITLE	<del> </del>		☐ Ch	ange Addition
NAME	DAVENPORT, LINDA G	7	4. 2 NAME	}			
STREET ADORESS	12355 SUNRISE VALLEY DRI	/E	4.3 STREET ADDRESS				}
CITY-ST-ZIP	RESTON VA 22091-3476	-	4.4 CITY - ST - ZIP				
Tille	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	5.1 TITLE	<del></del>		Ch	ange Addition
NAME		_	5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CiTY-SI-ZIP			5.4 CITY-ST-ZIP	1			
11111		DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Ch	ange
NAME			6.2 NAME	1			1
STREET ADDRESS			6.3 STREET ADDRESS		4		
CITY-S1-ZIP			6.4 CITY-ST-ZIP				
	ny certify that the information supplie	ed with this filing does not qualify		stated in Sec	tion 119 07(3)(i) Florida Statute	s. I further certify	/ that the

4. I do nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Ffurther 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-39-17 703/ Date Daylim

703/394 - 245.