

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

FILED  
Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003183 (8)**

1. Corporation Name  
**MSLS INVESTMENTS 13, INC.**

Principal Place of Business <b>10400 FERNWOOD RD., DEPT. # 52.924.13 BETHESDA MD 20817</b>	Mailing Address <b>10400 FERNWOOD RD., DEPT. # 52.924.13 BETHESDA MD 20817</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/24/1996</b>	
21 Suite, Apt #, etc.	22 City & State	23 Zip	24 Country	25	4. FEI Number <b>52-1983859</b>
26		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
28		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
30		31		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
			<b>FL</b>	

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) (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, PAUL E JR</b>		1.2 NAME		
STREET ADDRESS	<b>8001 HACKAMORE DR</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>POTOMAC MD 20854</b>		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEDNARZ, EDWARD L</b>		2.2 NAME		
STREET ADDRESS	<b>4003 ISBELL ST.</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>SILVER SPRING MD 20908</b>		2.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLANT, JEFF B</b>		3.2 NAME		
STREET ADDRESS	<b>717 N. OAKLAND ST.</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>ARLINGTON VA 22203</b>		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENZ, NANCY L</b>		4.2 NAME		
STREET ADDRESS	<b>9132 WILLOWGATE LANE</b>		4.3 STREET ADDRESS	<b>10400 FERNWOOD RD.</b>	
CITY-ST-ZIP	<b>POTOMAC MD 20854</b>		4.4 CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORROW, TERRENCE P</b>		5.2 NAME		
STREET ADDRESS	<b>11593 LAKE NEWPORT RD.</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>RESTON VA 22094</b>		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAW, WILLIAM J</b>		6.2 NAME		
STREET ADDRESS	<b>21 BRIDLE CT.</b>		6.3 STREET ADDRESS		
CITY-ST-ZIP	<b>POTOMAC MD 20854</b>		6.4 CITY-ST-ZIP		

14. I 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

*[Signature]*

*2/2/98*

CR2E034 (10/97)