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

Mailing Address

ATTN: INCOME TAX DEPT.

WASHINGTON DC 20036-3604

1133 19TH STREET NW

2a. Mailing Address

City & State

Zip

27

28

29

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600004703 (2)

Country

9. Name and Address of Current Registered Agent

appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

25

1201 HAYS STREET

TALLAHASSEE FL 32301

1-800-COLLECT, INC.

Principal Place of Business

2. Principal Place of Business

ATTN: INCOME TAX DEPT.

1133 19TH STREET NW

WASHINGTON DC 20036

Suite, Apt. #, etc

City & State

21

22

23

24

Zipi

SIGNATURE

SIGNATURE:

Signature, typed or printed name of registerest agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. PD DELETE Change Addition 11116 1.1 TITLE TAYLOR, GERALD 1.2 NAME 1801 PENNSYLVANIA AVE. NW 1.3 STREET ADDRESS STREET ADDRESS. WASHINGTON DC 20006 $C(\mathbb{C}^{p} \times S(I + Z))^{p}$ 1 4 CITY - ST-ZIP DELETE Change Addition HLE 21 TITLE RAU, CHARLES W NAME 2.2 NAME 1133 19TH STREET, NW 2.3 STREET ADDRESS STREET ADDRESS **WASHINGTON DC 20036** 2. 4 CITY-ST-ZIP CHTY S1-70 DELETE Change Addition THE 3.1 TITLE SALSBURY, MICHAEL MARAG 3.2 NAME 1801 PENNSYLVANIA AVE, NW STREET ADDRESS 3.3 STREET ADDRESS WASHINGTON DC 20006 3.4. CITY - ST - ZIP CHY-SI-ZE DELETE Change Addition 4.1 TITLE TITLE ST JOHN, JONELLE NAME 4. 2 NAME 1801 PENNSYLVANIA AVE, NW 4.3 STREET ADDRESS STREET ACTORESS WASHINGTON DC 20008 CHEY - \$1 - ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5 t TITLE ___ Addition ROBERTS, BERT C MAG 5.2 NAME 1801 PENNSYLVANIA AVE, NW STREET ADDRESS 5.3 STREET ADDRESS WASHINGTON DC 20008 5.4 CITY-ST-ZIP CITY - St - 78P DELETE 6.1 TITLE Change Addition TELF NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. If 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 arrival 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

CHARLES W. RAW

Country

81 Name

B2

83

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 agont, 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

30

FILED
May 15 1997 8:00am
Secretary of State



Yes No

This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

202-736-6000

Not Applicable

3. Date Incorporated or Qualified

APPLIED FOR 52-1

5. Certificate of Status Desired

Election Campaign Financing Trust Fund Contribution

09/12/1996

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number