

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

FILED

Apr 24 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 # F96000005580 (3)

1. Corporation Name  
BICYCLE EXCHANGE, INC.



Principal Place of Business

Mailing Address

4307 WHEELER AVE.  
ALEXANDRIA VA 22304

4307 WHEELER AVE.  
ALEXANDRIA VA 22304-6416

3. Date Incorporated or Qualified  
10/28/1996

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
54-1118372

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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: Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BELLAS, JAMES W  
STREET ADDRESS 4307 WHEELER AVE.  
CITY- ST- ZIP ALEXANDRIA VA 22304

DELETE

1.1 TITLE V  
1.2 NAME LINCOLN, DAVID H.  
1.3 STREET ADDRESS 4307 WHEELER AVE.  
1.4 CITY- ST- ZIP ALEXANDRIA, VA 22304

Change Addition

TITLE STD  
NAME BRANDT, EDWARD B  
STREET ADDRESS 4307 WHEELER AVE.  
CITY- ST- ZIP ALEXANDRIA VA 22304

DELETE

2.1 TITLE V  
2.2 NAME HUTCHINSON, RAYMOND A.  
2.3 STREET ADDRESS 4307 WHEELER AVE.  
2.4 CITY- ST- ZIP ALEXANDRIA, VA 22304

Change Addition

TITLE D  
NAME WURTZEL, ALAN  
STREET ADDRESS 2134 R STREET NW  
CITY- ST- ZIP WASHINGTON DC 20008

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

Change Addition

TITLE D  
NAME MACHENS, MICHAEL  
STREET ADDRESS 5080 SAND HILL RD., #700W  
CITY- ST- ZIP DALLAS TX 75248

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

Change Addition

TITLE V  
NAME FERRARA, FRANK J  
STREET ADDRESS 4307 WHEELER AVE.  
CITY- ST- ZIP ALEXANDRIA VA 22304

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

Change Addition

TITLE V  
NAME HELWIG, JAMES T  
STREET ADDRESS 4307 WHEELER AVE.  
CITY- ST- ZIP ALEXANDRIA VA 22304

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

Change Addition

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:

RAYMOND A. HUTCHINSON 4/10/97 (703) 461-9696  
VP/CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0506300

CR2E034 (9/96)