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

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006042

1. Corporation Name

AMI Capital, Inc.

Principal Place of Business	Mailing Address
7200 Wisconsin Avenue, Suite 200 Bethesda, MD 20814-4811	7200 Wisconsin Avenue, Suite 200 Bethesda, MD 20814-4811

300002563709
-06/18/98--01017--004
***550.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7200 Wisconsin Avenue	26 7200 Wisconsin Avenue
Suite, Apt # etc. 22 Suite 200	Suite, Apt #, etc. 27 Suite 200
City & State 23 Bethesda, MD	City & State 28 Bethesda, MD
Zip 24 20814-4811 Country 25 USA	Zip 29 20814-4811 Country 30 USA

3. Date Incorporated or Qualified: 11/19/96

4. FEI Number: [redacted] 51-0352032 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33324

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D,P ☐ DELETE	11 TITLE	D ☐ Change ☐ Addition
NAME	Michael D. Sullivan	12 NAME	Marvin J. Boede
STREET ADDRESS	7200 Wisconsin Avenue, Suite 200	13 STREET ADDRESS	111 Massachusetts Avenue, NW
CITY-ST-ZIP	Bethesda, MD 20814-4811	14 CITY-ST-ZIP	Washington, D.C. 20001
TITLE	EVP,T ☐ DELETE	21 TITLE	D ☐ Change ☐ Addition
NAME	Brian T. Kelleher	22 NAME	Joseph A. Carabillo
STREET ADDRESS	7200 Wisconsin Avenue, Suite 200	23 STREET ADDRESS	111 Massachusetts Avenue, NW
CITY-ST-ZIP	Bethesda, MD 20814-4811	24 CITY-ST-ZIP	Washington, D.C. 20001
TITLE	S,SVP ☐ DELETE	31 TITLE	D ☐ Change ☐ Addition
NAME	Barbara A. Rae	32 NAME	Robert A. Georgine
STREET ADDRESS	7200 Wisconsin Avenue, Suite 200	33 STREET ADDRESS	111 Massachusetts Avenue, NW
CITY-ST-ZIP	Bethesda, MD 20814-4811	34 CITY-ST-ZIP	Washington, D.C. 20001
TITLE	SVP ☐ DELETE	41 TITLE	D ☐ Change ☐ Addition
NAME	Carroll P. Kisser	42 NAME	Michael R. Steed
STREET ADDRESS	7200 Wisconsin Avenue, Suite 200	43 STREET ADDRESS	111 Massachusetts Avenue, NW
CITY-ST-ZIP	Bethesda, MD 20814-4811	44 CITY-ST-ZIP	Washington, D.C. 20001
TITLE	D ☐ DELETE	51 TITLE	D ☐ Change ☐ Addition
NAME	John J. Barry	52 NAME	Jake F. West
STREET ADDRESS	111 Massachusetts Avenue, NW	53 STREET ADDRESS	111 Massachusetts Avenue, NW
CITY-ST-ZIP	Washington, D.C. 20001	54 CITY-ST-ZIP	Washington, D.C. 20001
TITLE	D ☐ DELETE	61 TITLE	D ☐ Change ☐ Addition
NAME	Richard L. Becker, Esquire	62 NAME	William H. Wynn
STREET ADDRESS	315 South College Road, Suite 106	63 STREET ADDRESS	111 Massachusetts Avenue, NW
CITY-ST-ZIP	Lafayette, LA 70503	64 CITY-ST-ZIP	Washington, D.C. 20001

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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: B Kelleher 6/3/98 (301)654-0033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR