

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F96000006042**

1. Entity Name

**AMI CAPITAL, INC.****FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90102 021 \*\*\*158.75

Principal Place of Business	Mailing Address
WISCONSIN AVENUE SUITE 200 BETHESDA MD 20814-4811	7200 WISCONSIN AVENUE SUITE 200 BETHESDA MD 20814-4828



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		51-0352032		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
Zip		Zip					
Country		Country					
		7200 Wisconsin Avenue Suite 200 Bethesda, Maryland 20814-4811					

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY, JOHN J	NAME	Michael D. Sullivan
STREET ADDRESS	111 MASSACHUSETTS AVE. NW	STREET ADDRESS	7200 Wisconsin Avenue, Suite 200
CITY-ST-ZIP	WASHINGTON DC 20001	CITY-ST-ZIP	Bethesda, MD 20814
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, RICHARD L ESQ	NAME	Richard L. Becker, Esq.
STREET ADDRESS	315 S COLLEGE RD, SUITE 106	STREET ADDRESS	7200 Wisconsin Avenue, Suite 200
CITY-ST-ZIP	LAFAYETTE LA 70503	CITY-ST-ZIP	Bethesda, MD 20814
TITLE	D <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOEDE, MARVIN J	NAME	David E. Queen
STREET ADDRESS	111 MASSACHUSETTS AVE. NW	STREET ADDRESS	7200 Wisconsin Avenue, Suite 200
CITY-ST-ZIP	WASHINGTON DC 20001	CITY-ST-ZIP	Bethesda, MD 20814
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARABILLO, JOSEPH A	NAME	Jake F. West
STREET ADDRESS	111 MASSACHUSETTS AVE. NW	STREET ADDRESS	111 Massachusetts Avenue, NW
CITY-ST-ZIP	WASHINGTON DC 20001	CITY-ST-ZIP	Washington, D.C. 20001
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGINE, ROBERT A	NAME	
STREET ADDRESS	111 MASSACHUSETTS AVE. NW	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20001	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNN, WILLIAM H	NAME	
STREET ADDRESS	111 MASSACHUSETTS AVE. NW	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20001	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Michael D. Sullivan	4/28/00	301-654-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/99)