

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000006118 (1)
1. Corporation Name

HCFP FUNDING, INC.

Principal Place of Business

Mailing Address

2 WISCONSIN CIRCLE, STE 320
CHEVY CHASE MD 20815

2 WISCONSIN CIRCLE, STE 320
CHEVY CHASE MD 20815

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1996

4. FEI Number

52-2002347

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

2. Principal Place of Business

2a. Mailing Address

21 2 Wisconsin Circle

22 Suite 400

23 Chevy Chase, MD

24 20815

25

26 2 Wisconsin Circle

27 Suite 400

28 Chevy Chase, MD

29 20815

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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, typed 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 PCD ☐ DELETE

NAME DELANEY, JOHN K
STREET ADDRESS 2 WISCONSIN CIRCLE, STE 320
CITY-ST-ZIP CHEVY CHASE MD

TITLE VSD ☐ DELETE

NAME NORDBERG JR, EDWARD P
STREET ADDRESS 2 WISCONSIN CIRCLE, STE 320
CITY-ST-ZIP CHEVY CHASE MD

TITLE T ☐ DELETE

NAME ALTER, HILDE M
STREET ADDRESS 2 WISCONSIN CIRCLE, STE 320
CITY-ST-ZIP CHEVY CHASE MD

TITLE VD ☐ DELETE

NAME LEDER, ETHAN D
STREET ADDRESS 2 WISCONSIN CIRCLE, STE 320
CITY-ST-ZIP CHEVY CHASE MD

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

CD Delaney, John K
2 Wisconsin Circle, STE 400
Chevy Chase, MD 20815

2.1 TITLE

VD Nordberg, Edw. P Jr
2 Wisconsin Circle, STE 400
Chevy Chase, MD 20815

3.1 TITLE

ALTER, HILDE M
2 Wisconsin Circle, STE 400
Chevy Chase, MD 20815

4.1 TITLE

PD Leder, Ethan D
2 Wisconsin Circle, STE 400
Chevy Chase, MD 20815

5.1 TITLE

S Curwin, Steven
2 Wisconsin Circle, STE 400
Chevy Chase, MD 20815

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

HILDE M ALTER REQUIRED

7/5/98

301-664-9829

CR2E034 (5/98)

FILED
Jul 16 1998 8:00am
Secretary of State