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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000006385

1. Corporation Name THE DONOHOE COMPANIES, INC.

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90062 046 ***150.00



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Principal Place	e of Business	Mailing Address	Mailing Address							
2101 WISCONS WASHINGTON (2101 WISCONSIN AVE., N.W. WASHINGTON DC 20007		DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualifed			,	
						12/06/1996				
2. Principal P	lace of Business	2a. Mailing Address			ŀ	4. FEI Number			ied For	
21						52-1495544			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			ditional	
22		27				Fee	e Requ	uired		
City & Stat	City & State City & State					6. Election Campaign Financing	\$ 5.	00 M	lay Be	
23		28	_			Trust Fund Contribution	Add	led to	Fees	
Žip			Country			8. This corporation owes the current year Inta	ngible			
24	25	29	30		}	Personal Property Tax.	🔀 Yes		∃No	
	9. Name and Address of Current	Registered Agent	T.			10. Name and Address of New Registered	Agent			
			81	Γ	Name					
CT	CORPORATION SYSTEM		<u> </u>	Ļ		(2.0.2)				
1200	SOUTH PINE ISLAND ROAD		82 Street			Address (P.O. Box Number is Not Acceptable)				
	NTATION FL 33324		83	H						
	ATTAINE TE GOOD!		٦٠٠	ĺ					-	
			84	Ī	City	FL	85	Zip Co	de	
11 Durauant	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	s the above	L.,	named corpor	ration submits this statement for the surnose of	changing	g its re	gistered	
office or r agent. I a	registered agent, or both, in the State of medical framework from the state of the medical framework from the medical framework from the medical framework from the following states of the following framework from the following states of the following framework from the following framework framework from the following framework from t	f Florida. Such change was au ons of, Section 607.0505, Flori	thorized by da Statutes	th	ne corporation	's board of directors. I hereby accept the appoir	tment a	s regi	stered	
SIGNATURE										
CICITITOTIE	Signature, typed or printed name of registered agent			nt s	signature required w	when reinstating) DATE	5 B15E		0.151.40	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN		$\overline{}$		
TITLE	DVP	☐ DELETE	1.1 TITLE				Char	nge	☐ Addition	
NAME	TWOHIG, STEPHEN F		1.2 NAME							
STREET ADDRESS	2101 WISCONSIN AVE NW		1.3 STREET	ΤA	ADDRESS					
CITY-ST-ZIP	WASHINGTON DC 20007		1,4 CITY-S	T-7	ZIP					
TITLE	PDCE	DELETE	2.1 TITLE				Char	nge	☐ Addition	
NAME	DONOHOE, JAMES A		2.2 NAME						i	
ļ	l		2.3 STREET	т л	AUDRESS					
STREET ADDRESS	2101 WISCONSIN AVE., N.W.				·	,				
CITY-ST-ZIP	WASHINGTON DC 20007	DELETE	2.4 CITY-S	51-	<u>-ZIP</u>		☐ Chai		☐ Addition	
TITLE	D	DELETE	3.1 TITLE			•		go		
NAME	DICKENS, MICHAEL M		3.2 NAME							
STREET ADDRESS	2101 WISCONSIN AVE., N.W.		3.3 STREE	TΑ	ADDRESS					
CITY-ST-ZIP	WASHINGTON DC 20007		3.4. CITY-5	3T-	-ZIP					
TITLE	TV	☐ DELETE	4.1 TITLE				Chai	nge	☐ Addition	
NAME	GOEKE, GERARD M		4.2 NAME		1					
STREET ADDRESS	l		4.3 STREE	TΑ	ADDRESS					
CITY-ST-ZIP	WASHINGTON DC		4.4 CITY-S							
TITLE	SDC	DELETE	5.1 TITLE				☐ Cha	nge	☐ Addition	
			5.2 NAME							
NAME	STINCHFIELD, JOHN E		5.3 STREE	TΔ	ADDRESS					
STREET ADDRESS			5.4 CITY-S		ł					
CITY-ST-ZIP	WASHINGTON DC 20007	DELETE	6.1 TITLE	-10	- ZIF		Cha	nge	Addition	
TITLE					İ		المال المال	,.90		
NAME			6.2 NAME							
PENCET APPRECE	i		6.3 STREE	TΑ	ADDRESS					

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

MF OF SIGNING OFFICER OR DIRECTOR