

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001437 (9)

1. Corporation Name
MORI SPC CORP.

Principal Place of Business 10400 FERNWOOD RD. DEPT 52.924.13 BETHESDA MD 20817	Mailing Address 10400 FERNWOOD RD. DEPT 52.924.13 BETHESDA MD 20817
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1997	
21. Suite, Apt #, etc.	22. City & State	26. Suite, Apt #, etc.	27. City & State	4. FEI Number 52-2022396	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	P
NAME	MINNOCK, WILLIAM F III	1.2 NAME	weis2, Stephen P
STREET ADDRESS	10400 FERNWOOD RD, DEPT 52.924.13	1.3 STREET ADDRESS	10400 Fernwood Rd
CITY-ST-ZIP	BETHESDA MD 20817	1.4 CITY-ST-ZIP	Bethesda MD 20817
TITLE	V	2.1 TITLE	S
NAME	GERRARD, STEPHEN A	2.2 NAME	McGlockton, Joan Rector
STREET ADDRESS	10400 FERNWOOD RD, DEPT 52.924.13	2.3 STREET ADDRESS	10400 Fernwood Rd.
CITY-ST-ZIP	BETHESDA MD 20817	2.4 CITY-ST-ZIP	Bethesda MD 20817
TITLE	V	3.1 TITLE	D/V
NAME	WATZKA, PETER J	3.2 NAME	Ryan, Joseph
STREET ADDRESS	10400 FERNWOOD RD, DEPT 52.924.13	3.3 STREET ADDRESS	10400 Fernwood Rd.
CITY-ST-ZIP	BETHESDA MD 20817	3.4 CITY-ST-ZIP	Bethesda, MD 20817
TITLE	V	4.1 TITLE	D/V
NAME	SCALO, JOSEPH F	4.2 NAME	Kimball, Kevin M.
STREET ADDRESS	10400 FERNWOOD RD, DEPT 52.924.13	4.3 STREET ADDRESS	10400 Fernwood Rd.
CITY-ST-ZIP	BETHESDA MD 20817	4.4 CITY-ST-ZIP	Bethesda MD 20817
TITLE	V	5.1 TITLE	D
NAME	RYBOS, CHARLES G	5.2 NAME	Crist, Todd
STREET ADDRESS	10400 FERNWOOD RD, DEPT 52.924.13	5.3 STREET ADDRESS	10400 Fernwood Rd.
CITY-ST-ZIP	BETHESDA MD 20817	5.4 CITY-ST-ZIP	Bethesda MD 20817
TITLE	V	6.1 TITLE	AS
NAME	SHAW, WILLIAM J	6.2 NAME	Ben2, Nancy L
STREET ADDRESS	10400 FERNWOOD RD, DEPT 52.924.13	6.3 STREET ADDRESS	10400 Fernwood Rd.
CITY-ST-ZIP	BETHESDA MD 20817	6.4 CITY-ST-ZIP	Bethesda MD 20817

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:

Nancy L. Ben2

2/2/98

CR2E034 (10/97)