

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90173 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000001437

1. Corporation Name
MORI SPC CORP.



Principal Place of Business Mailing Address
10400 FERNWOOD RD. DEPT 52.924.13 10400 FERNWOOD RD. DEPT 52.924.13
BETHESDA MD 20817 BETHESDA MD 20817

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/20/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		52-2022396	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				Yes 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

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISZ, STEPHEN P	1.2 NAME	
STREET ADDRESS	10400 FERNWOOD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGLOCKTON, JOAN RECTOR	2.2 NAME	Secretary
STREET ADDRESS	10400 FERNWOOD RD	2.3 STREET ADDRESS	W. DAVID MANN
CITY-ST-ZIP	BETHESDA MD 20817	2.4 CITY-ST-ZIP	10400 Fernwood Road
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	Bethesda, MD 20817
NAME	RYAN, JOSEPH	3.2 NAME	
STREET ADDRESS	10400 FERNWOOD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBALL, KEVIN M	4.2 NAME	
STREET ADDRESS	10400 FERNWOOD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIST, TODD	5.2 NAME	
STREET ADDRESS	10400 FERNWOOD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZ, NANCY L	6.2 NAME	
STREET ADDRESS	10400 FERNWOOD RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99 301-380-8742

CR2E034 (11/98)