

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

FILED  
Aug 19 1998 8:00am  
Secretary of State

DOCUMENT # F97000004928 (4)

1. Corporation Name

HECHINGER INVESTMENT COMPANY OF DELAWARE, INC.



Principal Place of Business

1801 MCCORMICK DR.  
LARGO MD 20774

Mailing Address

1801 MCCORMICK DR.  
LARGO MD 20774

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

52-0277044

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVE.  
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)

8/2/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE PVST  
NAME ADAMS, MARK R ☐ DELETE  
STREET ADDRESS 1801 MCCORMICK DR.  
CITY-ST-ZIP LARGO MD 20774

TITLE VCFO  
NAME HALL, HAROLD R ☒ DELETE  
STREET ADDRESS 1801 MCCORMICK DR.  
CITY-ST-ZIP LARGO MD 20774

TITLE D  
NAME ADAMS, MARK R ☒ DELETE  
STREET ADDRESS 1801 MCCORMICK DR.  
CITY-ST-ZIP LARGO MD 20774

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/V/S/T ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE P/D ☐ Change ☒ Addition  
4.2 NAME mark S Schwartz  
4.3 STREET ADDRESS 1801 McCormick Dr  
4.4 CITY-ST-ZIP Largo MD 20774

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME martine Bocola  
5.3 STREET ADDRESS 1801 McCormick Dr  
5.4 CITY-ST-ZIP Largo MD 20774

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME cliff Smith  
6.3 STREET ADDRESS 1801 McCormick Dr  
6.4 CITY-ST-ZIP Largo MD 20774

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 607.07(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: Mark R Adams  
al. 600  
12/1/98

CR2E034 (5/98)