

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

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90042 011 \*\*\*150.00

DOCUMENT # F98000000488

1. Corporation Name  
HPI ORLANDO, INC.

Principal Place of Business  
5445 FORBES PLACE  
ORLANDO FL 32812-9010

Mailing Address  
5445 FORBES PLACE  
ORLANDO FL 32812-9010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1998 01/21/1998

4. FEI Number:  
52-2075438

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 C/O PRICEWATERHOUSECOOPERS

27 City & State

28 CLEVELAND, OH

29 Zip

44114

30 Country

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

TITLE PTD ☐ DELETE

NAME HEININGER, KARL D  
STREET ADDRESS 10400 FERNWOOD ROAD  
CITY-ST-ZIP BETHESDA MD

TITLE S ☒ DELETE

NAME MCGLOCKTON, JOAN R  
STREET ADDRESS 10400 FERNWOOD ROAD  
CITY-ST-ZIP BETHESDA MD

TITLE V ☐ DELETE

NAME KIMBALL, KEVIN M  
STREET ADDRESS 10400 FERNWOOD ROAD  
CITY-ST-ZIP BETHESDA MD

TITLE V ☐ DELETE

NAME GAFFNEY, PATRICK M  
STREET ADDRESS 10400 FERNWOOD ROAD  
CITY-ST-ZIP BETHESDA MD

TITLE V ☐ DELETE

NAME CLIST, TODD  
STREET ADDRESS 10400 FERNWOOD ROAD  
CITY-ST-ZIP BETHESDA MD

TITLE AS ☐ DELETE

NAME BRUFF, CAROL  
STREET ADDRESS 10400 FERNWOOD ROAD  
CITY-ST-ZIP BETHESDA MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/99

301-380-8742

CR2F034 (11/98)