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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000001211

1. Corporation Name
SAWGRASS MILLS WORKING ON WISHES (S'WOW), INC.

Principal Place of Business 1300 WILSON BLVD., #400 ARLINGTON VA 22209	Mailing Address 1300 WILSON BLVD., #400 ARLINGTON VA 22209
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/03/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 54-1885019
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIGBY, KENT S	1.2 NAME	PETER B. MCMILLAN
STREET ADDRESS	1300 WILSON BLVD., #400	1.3 STREET ADDRESS	1300 WILSON BLVD. #400
CITY-ST-ZIP	ARLINGTON VA	1.4 CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SENIOR VICE PRESIDENT, SECRETARY <input checked="" type="checkbox"/> Addition
NAME	GRUENDEL, RAYMOND K	2.2 NAME	THOMAS E. FROST
STREET ADDRESS	1300 WILSON BLVD., #400	2.3 STREET ADDRESS	1300 WILSON BLVD. #400
CITY-ST-ZIP	ARLINGTON VA	2.4 CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	EXECUTIVE VICE PRESIDENT AND TREASURER <input checked="" type="checkbox"/> Addition
NAME	LIPSCOMB, ANNE M	3.2 NAME	KENNETH R. PARENT
STREET ADDRESS	1300 WILSON BLVD., #400	3.3 STREET ADDRESS	1300 WILSON BLVD. #400
CITY-ST-ZIP	ARLINGTON VA	3.4 CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	CHAIRMAN <input checked="" type="checkbox"/> Addition
NAME	SCHOTT, PATRICIA R	4.2 NAME	LAURENCE C. SIEGEL
STREET ADDRESS	1300 WILSON BLVD., #400	4.3 STREET ADDRESS	1300 WILSON BLVD. #400
CITY-ST-ZIP	ARLINGTON VA	4.4 CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, LAURENCE C	5.2 NAME	
STREET ADDRESS	1300 WILSON BLVD., #400	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22209	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, PETER B	6.2 NAME	
STREET ADDRESS	1300 WILSON BLVD., #400	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22209	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 617, 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: THOMAS E. FROST **SIGNATURE REQUIRED** 3.31.99 (703) 526-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)