

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

DOCUMENT # F98000001431

1. Corporation Name

ZIMCO/MELBOURNE CORPORATION

Principal Place of Business

7200 WISCONSIN AVE., STE. 1100  
ATTN: OFFICE OF THE GENERAL COUNSEL  
BETHESDA MD 20814

Mailing Address

7200 WISCONSIN AVE., STE. 1100  
ATTN: OFFICE OF THE GENERAL COUNSEL  
BETHESDA MD 20814

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90013 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1998

4. FEI Number

APPLIED FOR 52-2088547

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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	CP	<input type="checkbox"/> DELETE
NAME	ZICKLER, LEO E	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	
CITY-STATE-ZIP	BETHESDA MD 20814	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAVIN, FRANCIS P	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	
CITY-STATE-ZIP	BETHESDA MD 20814	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWNING, ROBERT B	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	
CITY-STATE-ZIP	BETHESDA MD 20814	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLACK, BARRY Z	
STREET ADDRESS	ONE INDIANA SQUARE, STE. 2230	
CITY-STATE-ZIP	INDIANAPOLIS IN 46204	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WILLARD, KENNETH C	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	
CITY-STATE-ZIP	BETHESDA MD 20814	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ABRAMS, MARC B	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	
CITY-STATE-ZIP	BETHESDA MD 20814	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ASST. SECY.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARY ANN EWERS	
1.3 STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	
1.4 CITY-STATE-ZIP	BETHESDA MD 20814	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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:

MARY ANN EWERS  
ASST. SECY.

Date

Daytime Phone #

CR2E034 (11/98)