2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F98000001664

1. Entity Name

MRP DEVELOPMENT OHP, INC.



FILED Jul 07, 2004 8:00 am **Secretary of State**

07-07-2004 90003 041 ***550.00

Principal Place of Business Mailing Address ヘエハハハTのほ 7 WEST 7TH STREET, STE 1600 PO BOX 3244 TAMPA, FL 33601-3244 US CINCINNATI, OH 45202 2. Principal Place of Business 3. Mailing Address NW 1850 M 1850 M Stree Suite, Apt. #, etc. Suite, Apt, #, etc. 01142004 Chg-P CR2E034 (10/03) 1200 SuHe 4. FEI Number City & State Applied Fo Washing You DC 31-1591177 Not Applic \$8.75 Additional 5. Certificate of Status Desired USA 2003*6* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5:00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **EVPD** TITLE ☐ Delete TITLE ☐ Change ☐ Ad MOTTOLA, GARY F NAME NAME STREET ADDRESS 1850 M STREET N.W. 12TH FLOOR STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC 20036 CITY-ST-ZIP **EVPD** Delete TITLE TITLE ☐ Change ☐ Ad NAME KARLEN, GREG T NAME STREET ADDRESS 1850 N. STREET N.W. 12TH FLOOR STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC 20036 CITY-ST-ZIP Delete TITLE Change Change ☐ Ad NAME ANDREWS, PAUL NAME STREET ADDRESS 1850 M. STREET N.W. 12TH FLOOR STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC 20036 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change HAMMOUR, AMER NAME NAME 2001 PENNSYLVANIA AVE., NW STE 950 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Ad NAME ---BRAINERD, DAVID NAME STREET ADDRESS 2001 PENNSYLVANIA AVE., NW STE 950 STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC CITY-ST-ZIP TITLE TITLE ☐ Ad ANTHONY, WILLIAM D. January January NAME ... NAME 2001 PENNSYLVANIA AVE., NW STE 950 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC CITY-ST-7IP

12. 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 proport or supplemental 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 direct of the corporation or the receiver or trusteelempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Andrews