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Apr 02, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000006119

1. Corporation Name

MAINSTREET RETAIL, INC.

Principal Place of Business
1300 WILSON BLVD. #400
ARLINGTON VA 22209

Mailing Address
1300 WILSON BLVD. #400
ARLINGTON VA 22209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1998

4. FEI Number

54-1883170

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.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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 DP ☐ DELETE

NAME MCMILLAN, PETER B
STREET ADDRESS 1300 WILSON BLVD. #400
CITY-ST-ZIP ARLINGTON VA 22209

TITLE DC ☐ DELETE

NAME SIEGEL, LAURENCE C
STREET ADDRESS 1300 WILSON BLVD. #400
CITY-ST-ZIP ARLINGTON VA 22209

TITLE DVS ☐ DELETE

NAME FROST, THOMAS E
STREET ADDRESS 1300 WILSON BLVD. #400
CITY-ST-ZIP ARLINGTON VA 22209

TITLE V ☐ DELETE

NAME DAUSCH, JAMES F
STREET ADDRESS 1300 WILSON BLVD. #400
CITY-ST-ZIP ARLINGTON VA 22209

TITLE V ☐ DELETE

NAME DIGBY, KENT S
STREET ADDRESS 1300 WILSON BLVD. #400
CITY-ST-ZIP ARLINGTON VA 22209

TITLE VT ☐ DELETE

NAME PARENT, KENNETH R
STREET ADDRESS 1300 WILSON BLVD. #400
CITY-ST-ZIP ARLINGTON VA 22209

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 DIRECTOR, SENIOR VICE PRESIDENT ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE EXECUTIVE VICE PRESIDENT ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE EXECUTIVE VICE PRESIDENT ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE EXECUTIVE VICE PRESIDENT ☐ 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:

THOMAS E. FROST, SENIOR VICE PRESIDENT

3/31/99

(703) 526-5000

Date

Daytime Phone #

CR2E034 (11/98)