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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800007102

1. Corporatio	n Name						
SDH II, INC.					ů.	** ==*********************************	TROTT TO A TO A TO
Principal Place of Business Mailing Address					()285)88 (tin (eig) (8()) exil(84)	11 20 01 11 mmssr mmrrs ranns srns	1 88140 1181 1881
9801 Washingtonian BLVD 9801 Washingtonian BLVD 981 Gaithersburg MD 20878 Gaithersburg MD 20878					DO NOT WR	ITE IN THIS SPACE	
					3. Date Incorporated or Qualifed		
					12/30/1998	•	}
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26 P.O. Box 3	352		52-2134775		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		5. Certifcate of Status Desired	7	5 Additional Required
City & Stat	le	City & State	City & State / 010		6. Election Campaign Financing	1	
23		[28] DUTT9/0, 10/		Trust Fund Contribution	Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour		8. This corporation owes the cur		(
24	25	29 /9290	30	05	Personal Property Tax.	Yes	<u> </u>
	9. Name and Address of Current	i Registered Agent		81 Name	10. Name and Address of New	Registered Agent	
CORPORATION SERVICE COMPANY				1			
1201 HAYS STREET				82 Street	Address (P.O. Box Number is Not Accept	able)	
TALLAHASSEE FL 32301-2525			-	83	_		
IALL	AINOCEL I E GEGUT-2020		į				
				84 City		FL	ip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the ab	ove-named	corporation submits this statement for the oration's board of directors. I hereby acce	 purpose of changing of the appointment as 	its registered registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Statu	tes.	<u>, , , , , , , , , , , , , , , , , , , </u>	. ,,	
SIGNATURE						DATE	
				Agent signature (required when reinstating) ADDITIONS/CHANGES TO OF		TORS IN 12
12.		DELETE 1.1 TO			ABBITIONS/OFFAROCO TO OF	17 Chang	
TITLE NAME	PD O'DELL, CHARLES D	الما المادة	1.2 NA				_
STREET ADDRESS	ACCULATION OF COMMENT BLUE			REET ADDRESS			
	GAITHERSBURG MD		1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.1 TIT			Chang	ge Addition
NAME	HYATT, LAWRENCE E		2.2 NA	ME.			
	· I		2.3 STF	REET ADDRESS			
CITY-ST-ZIP	GAITHERSBURG MD		2.4 CI	Y-ST-ZIP			
TITLE	S	☐ DELETE	3.1 TIT	Æ		☐ Chang	ge 🔲 Addition
NAME	MCGLOCKTON, JOAN R		3.2 NA	ME			
STREET ADDRESS	ADDRESS 9801 WASHINGTONIAN BLVD.		3.3 STI	REET ADDRESS			Ì
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			
TITLE	V	☐ DELETE	4.1 TITI	Œ	V/D	★ Chang	ge 🗌 Addition
NAME	LANDEL, MICHEL		4. 2 NAME				
STREET ADDRESS	9801 Washingtonian BLVD.		4.3 STF	REET ADDRESS	i '		
CITY-ST-ZIP	GAITHERSBURG MD		_	Y-ST-ZIP		V=1.0:	CT ALLEGE
TITLE	V	☐ DELETE	5.1 TiT		V/D	Chang	ge 🗀 Addition
NAME	STERN, ROBERT A		·5.2 NA				
STREET ADDRESS				REET ADORESS			
CITY-\$T-ZIP	GAITHERSBURG MD		5.4 CIT 6.1 TIT	Y-ST-ZIP	n.c	Chang	ge Addition
TITLE	V	☐ DELETE			AS Product 4.		lo 🖂 vaginon
NAME	ALIBRIO, ANTHONY F		6.2 NA		Allen, Richard H. 10 Farhart Drive		ļ
STREET ADDRESS	3)9801 washingtonian blvd.		6.3 511	REET ADDRESS	/UFW/AAT WITE		ì

CITY-ST-ZIP GAITHERSBURG MD

6.4 CITY-ST-ZIP Williams Unit (NY 1422)

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 any attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90135 031 ***158.75