FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:34

DOCUMENT # **L85476** **(4)**

1. Corporation Name
HAMILTON HOUSE FUNDING, INC.

Principal Place of Business	Mailing Address
1615 M STREET, N.W. SUITE 650 WASHINGTON DC	1615 M STREET, N.W. SUITE 650 WASHINGTON DC

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1990	3a. Date of Last Report: 07/01/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 52-1694711	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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

MAINGUY, ROBERT
8500 SUNRISE BLVD.
PLANTATION FL 33322

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 the date. (If this Registered Agent is a corporation, the name and title of the officer.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IF ANY
TITLE	PD	(11) Title ☐ Change ☐ Addition
NAME	PEAY, TERRY	(12) Name
STREET ADDRESS	1615 M ST, N.W., STE 850	(13) Street Address
CITY-ST-ZIP	WASHINGTON DC	(14) City-St-Zip
TITLE	SD	(21) Title ☐ Change ☐ Addition
NAME	KIRSCH, MARTIN J.	(22) Name
STREET ADDRESS	1615 M ST. N.W., STE 850	(23) Street Address
CITY-ST-ZIP	WASHINGTON DC	(24) City-St-Zip
TITLE	T	(31) Title ☐ Change ☐ Addition
NAME	HOCHMAN, JOEL J.	(32) Name
STREET ADDRESS	1615 M ST. N.W. AVE #850	(33) Street Address
CITY-ST-ZIP	WASHINGTON DC	(34) City-St-Zip
TITLE	D	(41) Title ☐ Change ☐ Addition
NAME	GOLDBERG, STEPHEN A.	(42) Name
STREET ADDRESS	1615 M ST. NW STE 650	(43) Street Address
CITY-ST-ZIP	WASHINGTON FL	(44) City-St-Zip
TITLE		(51) Title ☐ Change ☐ Addition
NAME		(52) Name
STREET ADDRESS		(53) Street Address
CITY-ST-ZIP		(54) City-St-Zip
TITLE		(61) Title ☐ Change ☐ Addition
NAME		(62) Name
STREET ADDRESS		(63) Street Address
CITY-ST-ZIP		(64) City-St-Zip

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above/below, if changed, or on an attachment with an address.

SIGNATURE: _____ Terry Peay 1-12-95 202-429-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474646 FP