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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M56676 (3)
1. Corporation Name
HAMILTON HOUSE, INC.



Principal Place of Business
1860 NORTH PINE ISLAND ROAD
113
PLANTATION FL 33322
US

Mailing Address
1615 M. STREET, NW
SUITE 850
WASHINGTON DC 20036-3209
US

2. Principal Place of Business
21 8065 Leesburg Pike
Suite, Apt. #, etc.
22 Suite 400
City & State
23 Vienna, VA
Zip
24 22182
Country
25 USA

2a. Mailing Address
26 8065 Leesburg Pike
Suite, Apt. #, etc.
27 Suite 400
City & State
28 Vienna, VA
Zip
29 22182
Country
30 USA

3. Date Incorporated or Qualified
08/03/1987

3a. Date of Last Report
01/24/1996

4. FEI Number
65-0014089

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 H.
8500 W 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
85 Zip Code
FL

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	KIRSCH, MARTIN J.	
STREET ADDRESS	1615 M ST, NW, STE 850	
CITY - ST - ZIP	WASHINGTON DC	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PEAY, TERRY	
STREET ADDRESS	1615 M ST, NW, STE 850	
CITY - ST - ZIP	WASHINGTON, DC.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Heller, J Roderick III	
1.3 STREET ADDRESS	8065 Leesburg Pike	
1.4 CITY - ST - ZIP	Vienna, VA 22182	
2.1 TITLE	D/EUP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sullivan, William R	
2.3 STREET ADDRESS	8065 Leesburg Pike	
2.4 CITY - ST - ZIP	Vienna, VA 22182	
3.1 TITLE	D/EUP/CFO/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Grant, Ann Torie	
3.3 STREET ADDRESS	8065 Leesburg Pike	
3.4 CITY - ST - ZIP	Vienna, VA 22182	
4.1 TITLE	V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ross, Eric N	
4.3 STREET ADDRESS	8065 Leesburg Pike	
4.4 CITY - ST - ZIP	Vienna, VA 22182	
5.1 TITLE	SVP/SG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bender, Joel F	
5.3 STREET ADDRESS	8065 Leesburg Pike	
5.4 CITY - ST - ZIP	Vienna, VA 22182	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Banks, Mildred C	
6.3 STREET ADDRESS	8065 Leesburg Pike	
6.4 CITY - ST - ZIP	Vienna, VA 22182	

14. I do 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 included 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.

SIGNATURE: *Mildred C. Banks* *Mildred C. Banks, Asst Secy* 4-29-97 703/844-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0497427

CR2E034 (9/96)