

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 25 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **M92461** (6)  
1. Corporation Name  
**1330 CONNECTICUT AVENUE, INC.**

Principal Place of Business  
**1801 HERMITAGE BLVD  
SUITE 600  
TALLAHASSEE FL 32308  
US**

Mailing Address  
**1801 HERMITAGE BLVD  
SUITE 600  
TALLAHASSEE FL 32308  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/03/1988**

4. FEI Number

**36-3596806**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name **David E. Todd**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1801 Hermitage Blvd.**

83 Suite **100**

84 City **Tallahassee**

FL 85 Zip Code  
**32308**

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 **David E. Todd**

Signature, typed or printed name of registered agent and block applicable

(NOTE: Registered Agent signature required when reinstating)

**2/19/98**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **MILLER, TODD A**  
STREET ADDRESS **1801 HERMITAGE BLVD**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE  
NAME **HORTON, JAMES W**  
STREET ADDRESS **1801 HERMITAGE BLVD, SUITE 100**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE  
NAME **BENNETT, DOUGLAS W**  
STREET ADDRESS **1801 HERMITAGE BLVD**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **VS** ☐ DELETE  
NAME **NOELL, JOHN W**  
STREET ADDRESS **180 N LASALLE ST**  
CITY-ST-ZIP **CHICAGO IL**

TITLE **P** ☐ DELETE  
NAME **EDELMAN, HOWARD J**  
STREET ADDRESS **180 N LASALLE ST**  
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE **VAS** ☐ DELETE  
NAME **BURDI, THOMAS M**  
STREET ADDRESS **180 N. LASALLE STREET**  
CITY-ST-ZIP **CHICAGO IL 60601**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Jeffrey L. Smith**  
1.3 STREET ADDRESS **1801 Hermitage Blvd.**  
1.4 CITY-ST-ZIP **Tallahassee, FL 32308**

2.1 TITLE **VTAS** ☐ Change ☒ Addition  
2.2 NAME **Roger E. Smith**  
2.3 STREET ADDRESS **180 N. LaSalle Street**  
2.4 CITY-ST-ZIP **Chicago, IL 60601**

3.1 TITLE **VAS** ☐ Change ☒ Addition  
3.2 NAME **Luanne K. Good**  
3.3 STREET ADDRESS **1801 Hermitage Blvd.**  
3.4 CITY-ST-ZIP **Tallahassee, FL 32308**

4.1 TITLE **DVAS** ☒ Change ☐ Addition  
4.2 NAME **James W. Horton**  
4.3 STREET ADDRESS **1801 Hermitage Blvd.**  
4.4 CITY-ST-ZIP **Tallahassee, FL 32308**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ 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.

SIGNATURE: **Douglas W. Bennett, Director**

**850-488-4406**

CR2E034 (10/97)