

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

FILED

**Feb 25 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3 Date Incorporated or Qualified 08/03/1988	
4 FEI Number 36-3596806	Applied For <input type="checkbox"/> Not Applicable
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name David E. Todd	
82 Street Address (P.O. Box Number is Not Acceptable) 1801 Hermitage Blvd.	
83 Suite 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]* **2/19/98**
Signature, typed or printed name of registered agent and block applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, TODD A	
STREET ADDRESS	1801 HERMITAGE BLVD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORTON, JAMES W	
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 100	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	NOELL, JOHN W	
STREET ADDRESS	180 N LASALLE ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	EDELMAN, HOWARD J	
STREET ADDRESS	180 N LASALLE ST	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	BURDI, THOMAS M	
STREET ADDRESS	180 N. LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL 60601	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** *[Signature]* **850-488-4406**

CR2E034 (10/97)