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Feb 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N95000005308 (0)**

1. Corporation Name

LF LAS VEGAS REALTY CORPORATION

Principal Place of Business

Mailing Address

**905 16TH ST. N.W.
WASHINGTON DC 20006-1765**

**%ULLICO INC., ATTN: MORT. & REAL EST. DEPT
111 MASS. AVE NW
WASHINGTON DC 20001**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/06/1995

4. FEI Number

88-0352196

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

Thomas C. Perkins, The Union Labor Life Insurance Co., It's Authorized Agent

SIGNATURE

(Signature type of the person named as registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE: **2/5/98**

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BEARSE, MICHAEL
905 16TH ST NW
WASHINGTON DC**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
FISCHER, GEORGE J
905 16TH ST, N.W.
WASHINGTON DC 20006-1765**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WARREN, MASON M
905 16TH ST, N.W.
WASHINGTON DC 20006-1765**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
VINALL, R.P.
905 16TH ST, N.W.
WASHINGTON DC 20006-1765**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CAVALLARO, ALFRED A
905 16TH ST, N.W.
WASHINGTON DC 20006-1765**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CAVALLARO, ALFRED A
905 16TH ST, N.W.
WASHINGTON DC 20006-1765**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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

6.1 TITLE
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Thomas C. Perkins, The Union Labor Life Insurance Co., It's Authorized Agent** **2/5/98**
202-962-8423

CR2E037 (10/97)