

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90054 011 ****61.25

DOCUMENT # N95000005551

1. Entity Name
L.F. JAX REALTY CORPORATION

Principal Place of Business 905 16TH ST. N.W. WASHINGTON DC 20006-1765	Mailing Address C/O ULLICO INC.. ATTN: MORT. & REAL EST. 111 MASS. AVE. N.W. WASHINGTON DC 20001
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 58-2216250	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BEARSE, MICHAEL S	
STREET ADDRESS	905 16TH ST, N.W.	
CITY-ST-ZIP	WASHINGTON DC 20006-1765	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISCHER, GEORGE J	
STREET ADDRESS	905 16TH ST, N.W.	
CITY-ST-ZIP	WASHINGTON DC 20006-1765	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARREN, MASON M	
STREET ADDRESS	905 16TH ST, N.W.	
CITY-ST-ZIP	WASHINGTON DC 20006-1765	
TITLE	D	<input type="checkbox"/> Delete
NAME	SABITONI, ARMAND E	
STREET ADDRESS	905 16TH ST, N.W.	
CITY-ST-ZIP	WASHINGTON DC 20006-1765	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAVALLARO, ALFRED A	
STREET ADDRESS	905 16TH ST, N.W.	
CITY-ST-ZIP	WASHINGTON DC 20006-1765	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORMICK, ROBERT	
STREET ADDRESS	8710 NERO ST	
CITY-ST-ZIP	ANNANDALE VA 22003	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **3/12/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)