

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00665** (0)

1. Corporation Name

POTOMAC REAL ESTATE GROUP, INC.



Principal Place of Business 1735 I STREET, N.W., SUITE 715 WASHINGTON DC 20006	Mailing Address 1735 I STREET, N.W., SUITE 715 WASHINGTON DC 20006
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/20/1984	3a. Date of Last Report 04/05/1995	4. FEI Number 52-1276436	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 has liability for intangible tax under s. 199.03? Florida Statutes ☐ Yes ☐ 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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 of officer or director, or current registered agent and if not applicable

(NOTE: Registered Agent Signature required when re-registering)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAFRITZ, CONRAD 1735 I ST., N.W., SUITE 715 WASHINGTON DC 20006	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV TWOHIG, STEPHEN 1735 I ST., N.W., SUITE 715 WASHINGTON DC 20006	☒ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV PEER, STEPHEN 1735 I ST., N.W., SUITE 715 WASHINGTON DC 20006	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVST YATES, ILENE 1735 I ST., N.W., SUITE 715 WASHINGTON DC 20006	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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:  **CONRAD CAFRITZ** 6/10/96 202-331-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)