

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00932** (4)

1. Corporation Name
MANOR INVESTMENT COMPANY

Principal Place of Business 8401 CONNECTICUT AVE TAX DEPT 5TH FL CHEVY CHASE MD 20815	Mailing Address 8401 CONNECTICUT AVE TAX DEPT 5TH FL CHEVY CHASE MD 20815-5803
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1984	3a. Date of Last Report 04/15/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 52-0941467		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUL, B. FRANCIS II	1.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, GUY G III	2.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPIN, STEPHEN R.JR.	3.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, KATHERINE M.	4.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, MARY L	5.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	5.4 CITY-ST-ZIP	
TITLE	AVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARBERO, DORENE	6.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* **REQUIRED** 4-15-97 (301) 586-7236
cee 2 785 885 736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)