**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P00932

1. Corporation Name

MANOR INVESTMENT COMPANY

Principal Place of Business Mailing Address						( (\$3((\$3) ()) \$6)(( \$3(6) 15/46 (()) \$15) \$150 \$150 \$150 \$150 \$150 \$150 \$150 \$150	•••
8401 CONNECTICUT AVE TAX DEPT 8TH FLOOR CHEVY CHASE MD 20815 US		8401 CONNECTICUT AVE TAX DEPT 8TH FLOOR CHEVY CHASE MD 20815 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
•						02/15/1984	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied Fo	r
21		26				<b>52-0941467</b> Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Status Desired	al
22		27 City 8 City 8				ree Required	
City & State	Ð	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip Country				This corporation owes the current year Intangible	
24	25 29 30			,		Personal Property Tax. Yes No	
241	9. Name and Address of Current					10. Name and Address of New Registered Agent	
				81	Name		
	PORATION SERVICE COMPANY		Į,	82	Street A	ddress (P.O. Box Number is Not Acceptable)	
	HAYS STREET						
TALLAHASSEE FL 32301-2525			ľ	83			
1			İ	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							
Signature, typed or printed name of registered agent and title if applicable. (NOT			egistered Agent signature required w			quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
<b>12.</b> Ππ.Ε	D OFFICERS AND	DELETE	13.	F		Assistant Vice President Change XXA	
NAME				1		Linda F. Priebe	
STREET ADDRESS	4.000		1.3 STF			8401 Connecticut Avenue	ì
CITY-ST-ZIP	CHEVY CHASE MD		1,4 CITY-ST-ZIP			Chevy Chase, MD	
TITLE	PD DELETE 2.1		2.1 TITI	2.1 TITLE		☐ Change ☐ Ad	idition
NAME	CAMPBELL, GUY G III		2.2 NA	2.2 NAME			ļ
STREET ADDRESS			2.3 STF	2.3 STREET ADDRESS			
C/TY-ST-Z/P				2. 4 CITY-ST-ZIP		☐ Change ☐ Ac	Idition
TITLE	• • • • • • • • • • • • • • • • • • • •		3.1 TITL			☐ Change ☐ Ac	luluon
NAME	HALPIN, STEPHEN R.JR.		3.2 NA				
STREET ADDRESS			1	3.3 STREET ADDRESS  3.4. CITY-ST-ZIP			i
CITY-ST-ZIP	CHEVY CHASE MD V	☐ DELETE	4.1 TITL		-ZIP	☐ Change ☐ Ac	ldition
NAME	PALMER, KATHERINE M.	4.2 N			1	-	l l
STREET ADDRESS	8401 CONNECTICUT AVE.				ADDRESS		
CITY-ST-ZIP	CHEVY CHASE MD		4.4 CITY-5		1		
TITLE	S	DELETE 5.1				☐ Change ☐ Ac	ldition
NAME	HAYES, MARY L		5.2 NA	ME			
STREET ADDRESS	8401 CONNECTICUT AVE		5.3 STF	REET	ADDRESS		
CITY-ST-ZIP	CHEVY CHASE MD		5.4 CIT		-ZIP		
TITLE	מעא	☐ DELETE	6.1 1111	LΕ	- 1	★★Change ☐ Ac	Idition

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

CITY-ST-ZIP

DELETE

Vice President

**FILED** 

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90015 004 \*\*\*150.00

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VARBERO, DORENE

STREET ADDRESS 8401 CONNECTICUT AVENUE **CHEVY CHASE MD**