

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

FILED

May 08 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 # P08221 (4)

1. Corporation Name
NHP-HDV NINE, INC.

Principal Place of Business

Mailing Address

2507 POST RD
SOUTHPORT CT 06490
US

2507 POST ROAD
SOUTHPORT CT 06490-1250



2. Principal Place of Business

2a. Mailing Address

21 8065 Leesburg Pike
Suite, Apt. #, etc.

26 8065 Leesburg Pike
Suite, Apt. #, etc.

22 Suite 400
City & State

27 Suite 400
City & State

23 Vienna VA
Zip

28 Vienna VA
Zip

24 22182 Country
25 USA

29 22182 Country
30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/26/1985

3a. Date of Last Report

05/28/1996

4. FEI Number

08-0918468

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. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

SPER, PAUL N.
4103 STILLWATER TERRACE COVE
TAMPA FL 33624

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input checked="" type="checkbox"/> DELETE
NAME	WILBUR, E. PACKER	
STREET ADDRESS	648 HARBOR RD	
CITY-ST-ZIP	SOUTHPORT CT	
TITLE	VAST	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, ANNE R.	
STREET ADDRESS	533 N. BENSON ROAD	
CITY-ST-ZIP	FAIRFIELD CT	
TITLE	VAT	<input checked="" type="checkbox"/> DELETE
NAME	HAZEN, WENDY F.	
STREET ADDRESS	1 TWILIGHT PLACE	
CITY-ST-ZIP	NORWALK CT	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SPER, PAUL N	
STREET ADDRESS	4103 STILLWATER TERRACE COVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Heller, J Roderick III	
1.3 STREET ADDRESS	8065 Leesburg Pike	
1.4 CITY-ST-ZIP	Vienna, VA 22182	
2.1 TITLE	D/VP/CFO/IT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Grant, Ann Torre	
2.3 STREET ADDRESS	8065 Leesburg Pike	
2.4 CITY-ST-ZIP	Vienna, VA 22182	
3.1 TITLE	SVP/S/GC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Borden, Joel F	
3.3 STREET ADDRESS	8065 Leesburg Pike	
3.4 CITY-ST-ZIP	Vienna, VA 22182	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Banks, Mildred C	
4.3 STREET ADDRESS	8065 Leesburg Pike	
4.4 CITY-ST-ZIP	Vienna, VA 22182	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Mildred C Banks* *M. Banks, Asst Secy 4-29-97* *703/294-2400*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)