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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11048 (0)
1. Corporation Name
ESSEX HOUSE CONDOMINIUM CORPORATION

Principal Place of Business Mailing Address
10400 FERNWOOD RD DEPT 924.13 BETHESDA MD 20817 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE.
3. Date Incorporated or Qualified **08/06/1986** 3a. Date of Last Report **05/01/1994**
4. FEI Number **52-0888837** 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

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name **THE PRENTICE-HALL CORPORATION SYSTEM, INC.**
82 Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS STREET SUITE 105**
83
84 City **TALLAHASSEE** 85 Zip Code **FL 32301**

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	STEIN, MICHAEL A
STREET ADDRESS	10400 FERNWOOD RD.
CITY-ST-ZIP	BETHESDA MD
TITLE	VD
NAME	WEST, STEPHEN
STREET ADDRESS	10400 FERNWOOD RD.
CITY-ST-ZIP	BETHESDA MD
TITLE	D
NAME	TIEFEL, WILLIAM R
STREET ADDRESS	10400 FERNWOOD RD.
CITY-ST-ZIP	BETHESDA MD
TITLE	S
NAME	MCGLOCKTON, JOAN RECTOR
STREET ADDRESS	10400 FERNWOOD RD.
CITY-ST-ZIP	BETHESDA MD
TITLE	T
NAME	MURPHY, RAYMOND
STREET ADDRESS	10400 FERNWOOD RD.
CITY-ST-ZIP	BETHESDA MD
TITLE	AS
NAME	BENZ, NANCY L.
STREET ADDRESS	10400 FERNWOOD RD.
CITY-ST-ZIP	BETHESDA MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOSEPH RYAN
2.3 STREET ADDRESS	10400 FERNWOOD ROAD
2.4 CITY-ST-ZIP	BETHESDA, MD 20817
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TODD CLIST
3.3 STREET ADDRESS	10400 FERNWOOD ROAD
3.4 CITY-ST-ZIP	BETHESDA, MD 20817
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy L Benz **Nancy L Benz** 4-12-95 301-382-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)