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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # P12507						
1. Corporation Name CTF ORLANDO CORPORATION							
011 011							1 1 11 1 12 11 11 11
		AA-W A I I					
Principal Place of Business Mailing Address PRICEWATERHOUS			COOPE	RS LLP			
10400 FERNWOOD RD BETHESDA MD 20817		COOPERS & LYBRAND-LLP 1375 E 9TH ST. SUITE 1500					
US		CLEVELAND OH 44114			DO NOT WRITE IN THIS	SPACE	· ·
		US .			3. Date Incorporated or Qualifed 11/12/86		
		2a, Mailing Address			4. FEI Number	Apr	plied For
21		PRICEWATERHOUSECOOPERS LLP		34-1533901		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	,	
22		City & State			Fee Rec	·	
City & State	e	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to		
Zip Country		Zip Country		8. This corporation owes the current year In		: <u></u>	
24	25	29 30	7	_	Personal Property Tax.		X No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
THE	DDENTICE HALL CODDODATION	CVCTEM INC	81	Name			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	AHASSEE FL 32301		83	_			
			84	City	FI	85 Zip C	iodė
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was author				e-named corpo	pration submits this statement for the purpose of	f changing its	registered
office or re agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Flonda. Such change was auth ons of, Section 607.0505, Florida	orized by Statutes	the corporation	in a board of directors. Thereby accept the appe	anunent as reg	jistered >
SIGNATURE							
	Signature, typed or printed name of registered agent		gistered Ager	nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	RS IN 12
TITLE			1.1 TITLE		ADDITIONO/GITANOZO TO OTT	☐ Change	Addition
NAME	TV		1.2 NAME				1
STREET ADDRESS			1.3 STREET	T ADDRESS			ĺ
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			 -
TITLE	VP	DELETE 2.1 T				Change	Addition
NAME	Timer inter the time		2.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZiP			2.4 CITY-S 3.1 TITLE	ST-ZIP		Change	☐ Addition
NAME			3.2 NAME				_
STREET ADDRESS	40400 FERNIAGOR PR			T ADDRESS			
CITY-ST-ZIP			3.4 CITY-5				
TITLE	VP	☐ DELETE	4.1 TITLE			Change	Addition
NAME	WALKER, MYRON D.		4, 2 NAME				
STREET ADDRESS	10400 FERNWOOD RD			TADDRESS			
CITY-ST-ZIP	BETHESDA MD 20817			T- ZIP		Change	Addition .
TITLE	VP CLIST TODD	☐ DELETE	5.1 TITLE 5.2 NAME			□ Alignida	
NAME STREET ADODESS	CLIST, TODD 10400 FERNWOOD RD.			T ADDRESS			
STREET ADDRESS	10400 I ENITITION III.		5.4 CITY-S	ì			
CITY-ST-ZIP TITLE	AS	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME	BENZ, NANCY L.		6.2 NAME				Ì
STREET ADDRESS	10400 FERNWOOD RD		6.3 STREE	T ADDRESS			

14. 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.

6.4 CITY-ST-ZIP

BETHESDA MD 20817

SECRETARY