

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

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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 # P14785 (0)
 1. Corporation Name
NHP JOINT VENTURES, INC.



Principal Place of Business 1225 EYE ST NW STE 601 WASHINGTON DC 20005 US	Mailing Address 1225 EYE ST NW STE 601 WASHINGTON DC 20005-3945 US
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2. Principal Place of Business 21 8065 Leesburg Pike Suite, Apt. #, etc. 22 Suite 400 City & State 23 Vienna, VA Zip 24 22182	2a. Mailing Address 26 8065 Leesburg Pike Suite, Apt. #, etc. 27 Suite 400 City & State 28 Vienna, VA Zip 29 22182	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 06/10/1987	3a. Date of Last Report 04/09/1996
4. FEI Number 52-1437601	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, J RODERICK III	1.2 NAME	
STREET ADDRESS	1225 EYE ST, NW	1.3 STREET ADDRESS	8065 Leesburg Pike
CITY-ST-ZIP	WASHINGTON DC	1.4 CITY-ST-ZIP	Vienna, VA 22182
TITLE	VPCF <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, ANN TORRE	2.2 NAME	
STREET ADDRESS	1225 EVE STREET, NW	2.3 STREET ADDRESS	8065 Leesburg Pike
CITY-ST-ZIP	WASHINGTON DC	2.4 CITY-ST-ZIP	Vienna, VA 22182
TITLE	VPC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODSELL, EUGENE H.	3.2 NAME	
STREET ADDRESS	1225 EYE ST, NW	3.3 STREET ADDRESS	8065 Leesburg Pike
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	Vienna, VA 22182
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, MILDRED C.	4.2 NAME	
STREET ADDRESS	1225 EYE STREET, NW	4.3 STREET ADDRESS	8065 Leesburg Pike
CITY-ST-ZIP	WASHINGTON DC	4.4 CITY-ST-ZIP	Vienna, VA 22182
TITLE	EVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWER, LINDA J.	5.2 NAME	
STREET ADDRESS	1225 EYE STREET, NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONDER, JOEL F	6.2 NAME	
STREET ADDRESS	1225 EYE STREET NW	6.3 STREET ADDRESS	8065 Leesburg Pike
CITY-ST-ZIP	WASHINGTON DC	6.4 CITY-ST-ZIP	Vienna, VA 22182

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 Mildred C. Banks, Asst Secy 4-29-97 703/214-2400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)