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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16169 (5)

1. Corporation Name

PREMISES PROVIDERS, INC.



Principal Place of Business

3000 K-ST. NW - STE 400
SUITE 400
WASHINGTON DC 20007
US

Mailing Address

3000 K-ST. NW - STE 400
SUITE 400
WASHINGTON DC 20007-5109
US

3. Date Incorporated or Qualified
09/29/1987

3a. Date of Last Report
05/17/1996

2. Principal Place of Business

21 1300 Wilson Boulevard

2a. Mailing Address

26 1300 Wilson Boulevard

4. FEI Number

52-1522062

Applied For

Not Applicable

22 Suite 400

27 Suite 400

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State
Arlington, Virginia

28 City & State
Arlington, Virginia

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

22209

Country

25 U.S.A.

29 Zip

22209

Country

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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 NAME STREET ADDRESS CITY - ST - ZIP

P
MCMILLAN, PETER B
3000 K STREET, NW, SUITE 400
WASHINGTON DC

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TD
NICK, HARRY H
3000 K-ST NW STE 400
WASHINGTON DC

TITLE NAME STREET ADDRESS CITY - ST - ZIP

S
FROST, THOMAS E
3000 K STREET, NW, SUITE 400
WASHINGTON DC

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D
SIEGAL, LAURENCE C
3000 K-ST, NW STE 400
WASHINGTON DC

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP

President and Director
1300 Wilson Boulevard, Suite 400
Arlington, Virginia 22209

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP

Treasurer/Sr. Vice President
Kenneth R. Parent
1300 Wilson Boulevard, Suite 400
Arlington, Virginia 22209

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP

Secretary and Director
1300 Wilson Boulevard, Suite 400
Arlington, Virginia 22209

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

1300 Wilson Boulevard, Suite 400
Arlington, Virginia 22209

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.1 TITLE 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:

Thomas E. Frost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Frost

(703) 526-5155

Date

Daytime Phone #

CR2E034 (9/96)