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FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

1300 WILSON BLVD
SUITE 400
ARLINGTON VA 22209
US

Mailing Address

1300 WILSON BLVD
SUITE 400
ARLINGTON VA 22209
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1987

4. FEI Number

52-1522062

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 1300 WILSON BLVD.

Suite, Apt. #, etc.
22 400

City & State

23 ARLINGTON, VA

Zip
24 22209

Country
25 USA

2a. Mailing Address

26 1300 WILSON BLVD.

Suite, Apt. #, etc.
27 400

City & State

28 ARLINGTON, VA

Zip
29 22209

Country
30 USA

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 PD
NAME MCMILLAN, PETER B
STREET ADDRESS 1300 WILSON BLVD
CITY-ST-ZIP ARLINGTON VA

TITLE TSVP
NAME KENNTH R PARENT
STREET ADDRESS 1300 WILSON BLVD
CITY-ST-ZIP ARLINGTON VA

TITLE SD
NAME FROST, THOMAS E
STREET ADDRESS 1300 WILSON BLVD SUITE 400
CITY-ST-ZIP ARLINGTON VA

TITLE D
NAME SIEGAL, LAURENCE C
STREET ADDRESS 1300 WILSON BLVD SUITE 400
CITY-ST-ZIP ARLINGTON VA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

31 TITLE SVP, S, D
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

41 TITLE C
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

61 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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.

THOMAS E. FROST

CR2E034 (10/97)