FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P17813** **(7)**

1. Corporation Name

HCX, INC.

Principal Place of Business	Mailing Address
600 NEW HAMPSHIRE AVE NW STE 600 WASHINGTON DC 20037 US	ATTN: LEGAL DEPARTMENT 1717 PARK ST., POB 3088 NPAERVILLE IL 60566-7088 US

3. Date Incorporated or Qualified: 01/28/1988
3a. Date of Last Report: 05/01/1995
4. FEI Number: 52-1470871 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 ____
Suite, Apt #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____
Suite, Apt. #, etc.
27 ____
City & State
28 ____
Zip 29 ____ Country 30 ____

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

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	VPST	☐ DELETE
NAME	HERNLEY, DONALD	
STREET ADDRESS	600 NEW HAMPSHIRE AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	P	☐ DELETE
NAME	GARVEY, TOM	
STREET ADDRESS	600 NEW HAMPSHIRE AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	C	☐ DELETE
NAME	GREENBERG, SANFORD D.	
STREET ADDRESS	600 NEW HAMPSHIRE AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VC	☐ DELETE
NAME	PAISNER, RICHARD	
STREET ADDRESS	600 NEW HAMPSHIRE AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VP	☐ DELETE
NAME	O'SHEA, SHARON F.	
STREET ADDRESS	600 NEW HAMPSHIRE AVE NW STE 600	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VP	☐ DELETE
NAME	DICKSON, BARBARA	
STREET ADDRESS	1717 PARK ST	
CITY-ST-ZIP	NAPERVILLE IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: Barbara Dickson FEB 16 1996 (708) 420-6800 x 3323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Barbara Dickson, Vice President & General Counsel