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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

2. Principal Place of Business	2a. Mailing Address
21 600 New Hampshire Ave., NW	26 1717 Park Street, PO Box 3088
Suite, Apt. #, etc. 22 Suite 1250	Suite, Apt. #, etc. 27
City & State 23 Washington, D.C.	City & State 28 Naperville, Il.
Zip / Country 24 20037 / 25 U.S.	Zip / Country 29 60566-7088 / 30 U.S.

3. Date Incorporated or Qualified: **01/28/1988**
3a. Date of Last Report: **02/22/1996**
4. FEI Number: **52-1470871** ☐ 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 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPST	☐ DELETE	1.1 TITLE	President & Treasurer (P/T)	☒ Change ☐ Addition
NAME	HERNLEY, DONALD		1.2 NAME	Donald E. Hernley	
STREET ADDRESS	600 NEW HAMPSHIRE AVE NW		1.3 STREET ADDRESS	600 New Hampshire Ave., N.W., Suite 1250	
CITY-ST-ZIP	WASHINGTON DC		1.4 CITY-ST-ZIP	Washington, DC 20037	
TITLE	P	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GARVEY, TOM		2.2 NAME		
STREET ADDRESS	600 NEW HAMPSHIRE AVE NW		2.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC		2.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GREENBERG, SANFORD D.		3.2 NAME		
STREET ADDRESS	600 NEW HAMPSHIRE AVE NW		3.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC		3.4 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PAISNER, RICHARD		4.2 NAME		
STREET ADDRESS	600 NEW HAMPSHIRE AVE NW		4.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	O'SHEA, SHARON F.		5.2 NAME		
STREET ADDRESS	600 NEW HAMPSHIRE AVE NW STE 600		5.3 STREET ADDRESS	600 New Hampshire Ave., N.W., Suite 1250	
CITY-ST-ZIP	WASHINGTON DC		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE	Vice President & Secretary	☒ Change ☐ Addition
NAME	DICKSON, BARBARA		6.2 NAME		
STREET ADDRESS	1717 PARK ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE IL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ 4/23/97 (630) 420-6800, ext3323