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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90019 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P23226
 1. Corporation Name
RMDC QUADRANGLE COMPANY



Principal Place of Business 6601 WEST BROAD STREET RICHMOND VA 23230	Mailing Address 6601 WEST BROAD STREET RICHMOND VA 23230
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/02/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 54-1489090	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYES STREET
 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
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SAVEDGE, HENRY S	
STREET ADDRESS	6601 W. BROAD STREET	
CITY-ST-ZIP	RICHMOND VI	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NOONAN, JOHN M	
STREET ADDRESS	6603 WEST BROAD STREET	
CITY-ST-ZIP	RICHMOND VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EAREHART, ALLEN M.	
STREET ADDRESS	6601 WEST BROAD STREET	
CITY-ST-ZIP	RICHMOND VA	
TITLE	VGC	<input type="checkbox"/> DELETE
NAME	JONES, D M	
STREET ADDRESS	6601 WEST BROAD STREET	
CITY-ST-ZIP	RICHMOND VA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	TAYLOR, JULIAN H	
STREET ADDRESS	6601 WEST BROAD STREET	
CITY-ST-ZIP	RICHMOND VA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DABNEY, DONNA C.	
STREET ADDRESS	6601 WEST BROAD STREET	
CITY-ST-ZIP	RICHMOND VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GRACE, CHRISTOPHER M	
1.3 STREET ADDRESS	4247 W. ADAMS, SUITE 1	
1.4 CITY-ST-ZIP	PHOENIX AZ 85009	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ **608.269.5841**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 CHRISTOPHER M. GRACE

CR2E034 (11/98)