FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED BY MAY 1

DOCUMENT # **P26528** **(0)**

1. Corporation Name
PRINCETON CAPITAL CORPORATION

Principal Place of Business	Mailing Address
1401 NEW YORK AVENUE. N.W. STE 1250 P. O. BOX 34917 W BETHESDA MD 20827-7917	P.O. BOX 34917 WEST BETHESDA MD 20827-0917

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/20/1989
3a. Date of Last Report: 07/20/1994

2. Principal Place of Business
21 6710 Greentree Rd
22 PO Box 34917
23 W. Bethesda, MD
24 Zip 20827-0917 25 Country USA

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

4. FEI Number: 52-1337697 ☐ 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

BAY, CHRISTINE A., ESQ.
C/O RUDNICK & WOLFE
101 EAST KENNEDY BLVD.
TAMPA FL 33602-5133

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	REIDER, JEFFRER R.	12 NAME	
STREET ADDRESS	PO BOX 34917 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	W. BETHESDA MD	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	REIDER, CONSTANCE Z.	22 NAME	
STREET ADDRESS	PO BOX 34917 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	W. BETHESDA MD	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	COWELL, BARBARA G.	32 NAME	
STREET ADDRESS	PO BOX 34917 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	W. BETHESDA MD	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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 added by an attachment with an address.

SIGNATURE: Barbara G Cowell, V.P. 4/10/95 (301) 469-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Barbara G. Cowell, V.P.

0418484 FN