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 # **P36995** **(9)**

1. Corporation Name

G. WILLIAM MILLER & CO., INC.

Principal Place of Business

1215 19TH STREET, N.W.
WASHINGTON DC 20036

Mailing Address

1215 19TH STREET, N.W.
WASHINGTON DC 20036

3. Date Incorporated or Qualified: **01/08/1992**

3a. Date of Last Report: **02/07/1995**

4. FEI Number: **52-1270093** ☐ 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

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
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 607.1506, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MILLER, G. WILLIAM		12 NAME	
STREET ADDRESS	1215 19TH STREET, N.W.		13 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC		14 CITY-ST-ZIP	
TITLE	VST	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MILLER, ARIADNA		22 NAME	
STREET ADDRESS	1215 19TH STREET, N.W.		23 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC		24 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SKANCKE, STEVEN L.		32 NAME	
STREET ADDRESS	1212 19TH STREET, N.W.		33 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC		34 CITY-ST-ZIP	
TITLE	MD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	CARDOZO, MICHAEL H.		42 NAME	
STREET ADDRESS	1212 19TH STREET, N.W.		43 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC		44 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	ASTUDILLO, LISA		52 NAME	
STREET ADDRESS	1215 19TH ST., N.W.		53 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, complete 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 supplement to 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 to the report with an address.

SIGNATURE: Lisa Astudillo asst. Secty **4/15/96** **202 429 1780**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE

Lisa Astudillo