


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 12 1997 8:00am
Secretary of State

| | | | | | |
|--|--|---|---|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | 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 20036-2401 | | |



| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/08/1992 | | 3a. Date of Last Report 04/19/1996 | |
| 21 State, Apt. #, etc. | | 26 State, Apt. #, etc. | | 4. FEI Number 52-1270093 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 30 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-------------------------|--|--------------------|---|--|--|--|
| TITLE | PD | <input type="checkbox"/> DELETE | 1.1 TITLE | Change | <input type="checkbox"/> Addition | | |
| NAME | MILLER, G. WILLIAM | | 1.2 NAME | | | | |
| STREET ADDRESS | 1215 19TH STREET, N.W. | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | WASHINGTON DC | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | VST | <input type="checkbox"/> DELETE | 2.1 TITLE | Change | <input type="checkbox"/> Addition | | |
| NAME | MILLER, ARIADNA | | 2.2 NAME | | | | |
| STREET ADDRESS | 1215 19TH STREET, N.W. | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | WASHINGTON DC | | 2.4 CITY-ST-ZIP | | | | |
| TITLE | VD | <input type="checkbox"/> DELETE | 3.1 TITLE | Change | <input type="checkbox"/> Addition | | |
| NAME | SKANCKE, STEVEN L. | | 3.2 NAME | | | | |
| STREET ADDRESS | 1212 19TH STREET, N.W. | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | WASHINGTON DC | | 3.4 CITY-ST-ZIP | | | | |
| TITLE | MD | <input type="checkbox"/> DELETE | 4.1 TITLE | Change | <input type="checkbox"/> Addition | | |
| NAME | CARDOZO, MICHAEL H. | | 4.2 NAME | | | | |
| STREET ADDRESS | 1212 19TH STREET, N.W. | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | WASHINGTON DC | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | AS | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | Change | <input checked="" type="checkbox"/> Addition | | |
| NAME | AGUILO, LISA | | 5.2 NAME | JUARER, Carol | | | |
| STREET ADDRESS | 1215 19TH ST., N.W. | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | WASHINGTON DC | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | Change | <input type="checkbox"/> Addition | | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | | |

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: *Michael H. Cardozo* February 24, 1997 202-429-1780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael H. Cardozo Date Daytime Phone # 0497410

CR2E034 (9/96)