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FILED  
Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P40741** (1)

1. Corporation Name

**ONE TO ONE PARTNERSHIP, INCORPORATED**

Principal Place of Business

**2801 M STREER, N.W.  
WASHINGTON DC 20007**

Mailing Address

**2801 M STREER, N.W.  
WASHINGTON DC 20007**



3. Date Incorporated or Qualified  
**09/21/1992**

3a. Date of Last Report  
**04/09/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**25** Suite, Apt. #, etc.

**26** City & State

**27** Zip

**28** Country

4. FEI Number

**52-1674088**

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

10. Name and Address of New Registered Agent

**KLEINE, ESTHER S  
1500 NORTH DALE MABRY HIGHWAY  
TAMPA FL 33607**

**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 617.0502 and 617.1508, 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 617.0503, 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

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	BOISI, GEOFFREY T	
STREET ADDRESS	375 PARK AVENUE	
CITY-ST-ZIP	NY NY 10152	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	MANZA, GAIL	
STREET ADDRESS	2801 M STR NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NEWMAN, DR. FRANK E.	
STREET ADDRESS	707 17TH STREET #2700	
CITY-ST-ZIP	DENVER CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAYTON, ROBERT	
STREET ADDRESS	90 SOUTH SEVENTH STREET	
CITY-ST-ZIP	MINNEAPOLIS MN 55402-4138	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, NORMAN D	
STREET ADDRESS	400 NORTH AVE	
CITY-ST-ZIP	BATTLE CREEK MI	
TITLE	C	<input type="checkbox"/> DELETE
NAME	CHAMBERS, RAYMOND G	
STREET ADDRESS	310 S STREET	
CITY-ST-ZIP	MORRISTONW NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	399 Park Avenue, 17th Floor
1.4 CITY-ST-ZIP	New York, New York 10022
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	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	George A. Fertitta
5.3 STREET ADDRESS	411 Lafayette Street
5.4 CITY-ST-ZIP	New York, NY 10003
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

2/3/97

(202) 338-3844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077145

CR2E037 (9/96)