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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:12

DOCUMENT # **F93000000889 (6)**

1. Corporation Name
EDWARD E. THORPE & COMPANY

Principal Place of Business	Mailing Address
3859 FARRAGUT AVE. KENSINGTON MD 20895	3859 FARRAGUT AVE. KENSINGTON MD 20895

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

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

4. FEI Number: 52-1261036 ☐ 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

DAYS, DAVID E
1900 NW 187 TERRACE
MIAMI FL 33056

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	DCP	11 TITLE		☐ Change ☐ Addition
NAME	THORPE, EDWARD E	12 NAME		
STREET ADDRESS	10214 CONOVER DR.	13 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRING MD 20902	14 CITY-ST-ZIP		
TITLE	DVCS	21 TITLE		☐ Change ☐ Addition
NAME	THORPE, CONSTANCE M	22 NAME		
STREET ADDRESS	10214 CONOVER DR.	23 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRING MD 20902	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	SLOAN, W. ROGERS	32 NAME		
STREET ADDRESS	3317 DUKE ST.	33 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA 22314	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ALLEN, RONALD W	42 NAME		
STREET ADDRESS	3710 17TH STREET, NE	43 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	ECHOLS, RONNIE W	52 NAME		
STREET ADDRESS	110 FORESTDALE DR.	53 STREET ADDRESS		
CITY-ST-ZIP	DANVILLE VA 24540	54 CITY-ST-ZIP		
TITLE	ST	61 TITLE		☐ Change ☐ Addition
NAME	THORPE, CONSTANCE M	62 NAME		
STREET ADDRESS	10214 CONOVER DR.	63 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRING MD 20902	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 on an attachment with an address.

SIGNATURE: Constance M. Thorpe — Constance M. Thorpe 4/10/95 — (301) 933-3671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0485709 FN