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 # P95000065944 (7)

1. Corporation Name
HYMAN - DLR GROUP DESIGN/BUILD, INC.

Principal Place of Business
3440 HOLLYWOOD BOULEVARD
SUITE 300
HOLLYWOOD FL 33021

Mailing Address
3440 HOLLYWOOD BOULEVARD
SUITE 300
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 08/25/1995
3a. Date of Last Report:

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: 65-0613211 ☐ 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**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		☐ DELETE	1 1 TITLE	President/Director	☐ Change ☒ Addition
NAME			1 2 NAME	Sidney J. Jordan	
STREET ADDRESS			1 3 STREET ADDRESS	7500 Old Georgetown Road	
CITY-ST-ZIP			1 4 CITY-ST-ZIP	Bethesda, MD 20814	
TITLE		☐ DELETE	2 1 TITLE	Vice President/Director	☐ Change ☒ Addition
NAME			2 2 NAME	Michael Lewis	
STREET ADDRESS			2 3 STREET ADDRESS	7500 Old Georgetown Road	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	Bethesda, MD 20814	
TITLE		☐ DELETE	3 1 TITLE	Secretary	☐ Change ☒ Addition
NAME			3 2 NAME	Bruce J. Moldow	
STREET ADDRESS			3 3 STREET ADDRESS	7500 Old Georgetown Road	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	Bethesda, MD 20814	
TITLE		☐ DELETE	4 1 TITLE	Treasurer	☐ Change ☒ Addition
NAME			4 2 NAME	Richard N. Vaswani	
STREET ADDRESS			4 3 STREET ADDRESS	7500 Old Georgetown Road	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	Bethesda, MD 20814	
TITLE		☐ DELETE	5 1 TITLE	Director	☐ Change ☒ Addition
NAME			5 2 NAME	Peter C. Forster	
STREET ADDRESS			5 3 STREET ADDRESS	7500 Old Georgetown Road	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	Bethesda, MD 20814	
TITLE		☐ DELETE	6 1 TITLE	Director	☐ Change ☒ Addition
NAME			6 2 NAME	Kenneth R. Lietz	
STREET ADDRESS			6 3 STREET ADDRESS	7500 Old Georgetown Road	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	Bethesda, MD 20814	

14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Bruce J. Moldow, Secretary 4/24/96 (301)986-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)