

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

FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000079568 (8)**

1. Corporation Name
1330 CONNECTICUT AVENUE LAND INC.



Principal Place of Business C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BOULEVARD TALLAHASSEE FL 32308	Mailing Address C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BOULEVARD TALLAHASSEE FL 32308-7703
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3. Date Incorporated or Qualified 10/17/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1801 Hermitage Blvd.	2a. Mailing Address 26 1801 Hermitage Blvd.	4. FEI Number 36-4057658	Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip 24 32308	Country 25 US	29 32308	30 US

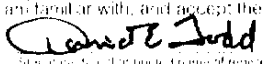
9. Name and Address of Current Registered Agent

**SCHOW, HORACE II
C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BOULEVARD
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

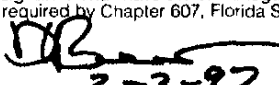
81 Name David E. Todd
82 Street Address (P.O. Box Number is Not Acceptable) 1801 Hermitage Blvd.
83 Suite 100
84 City Tallahassee
85 Zip Code FL 32308

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  **David E. Todd, Assistant General Counsel** 1-22-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, DOUGLAS W 1801 HERMITAGE BOULEVARD TALLAHASSEE FL 32308	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, TODD A 1801 HERMITAGE BOULEVARD TALLAHASSEE FL 32308	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BURDI, THOMAS S. 180 N LASALLE STREET CHICAGO IL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOELL, JOHN W. 180 N LASALLE STREET CHICAGO IL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS SMITH, ROGER E. 180 E LASALLE STREET CHICAGO IL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDELMA, HOWARD 180 N LASALLE STREET CHICAGO IL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: **Douglas W. Bennett, Director**  2-3-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)