FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 ~~1994~~

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

1. Corporation Name
TNDL INC.

DOCUMENT #
S08919 (0)

Mailing Address
C/O WILLIAM CROSS
111 MASSACHUSETTS AVENUE, N.W.
WASHINGTON DC 20001

Principal Place of Business
C/O WILLIAM CROSS
111 MASSACHUSETTS AVENUE, N.W.
WASHINGTON DC 20001

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified: 10/26/1990
3a. Date of Last Report: 06/18/1993

2. Mailing Address (21)
2a. Principal Place of Business (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 52-1747286 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

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
8751 WEST BROWARD BOULEVARD
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 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	~~P/D~~	11 TITLE	C/D
12 NAME	GEORGINE, ROBERT A.	12 NAME	
13 STREET ADDRESS	111 MASS. AVE. N.W.	13 STREET ADDRESS	
14 CITY-ST-ZIP	WASHINGTON DC	14 CITY-ST-ZIP	
21 TITLE	V	21 TITLE	
22 NAME	CROSS, WILIAM	22 NAME	
23 STREET ADDRESS	111 MASS. AVE. N.W.	23 STREET ADDRESS	
24 CITY-ST-ZIP	WASHINGTON DC	24 CITY-ST-ZIP	
31 TITLE	V	31 TITLE	
32 NAME	LUCE, JAMES	32 NAME	
33 STREET ADDRESS	111 MASS. AVE. N.W.	33 STREET ADDRESS	
34 CITY-ST-ZIP	WASHINGTON DC	34 CITY-ST-ZIP	
41 TITLE	V	41 TITLE	
42 NAME	PERKINS, TOM	42 NAME	
43 STREET ADDRESS	111 MASS. AVE. N.W.	43 STREET ADDRESS	
44 CITY-ST-ZIP	WASHINGTON DC	44 CITY-ST-ZIP	
51 TITLE	~~S~~	51 TITLE	V
52 NAME	CARABILLO, JOSEPH	52 NAME	
53 STREET ADDRESS	111 MASS. AVE. N.W.	53 STREET ADDRESS	
54 CITY-ST-ZIP	WASHINGTON DC	54 CITY-ST-ZIP	
61 TITLE		61 TITLE	LESTER H. NULL, SR.
62 NAME		62 NAME	S/T/D
63 STREET ADDRESS		63 STREET ADDRESS	111 MASS. AVE., N.W.
64 CITY-ST-ZIP		64 CITY-ST-ZIP	WASHINGTON, DC 20001 5-5-95

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or 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: W.H. Cross William L. Cross VP (202) 682-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-27-95