

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90127 037 ***150.00

DOCUMENT # H33363

1. Entity Name

1113 CORPORATION

Principal Place of Business

Mailing Address

**8401 CONNECTICUT AVE.
 ATTN: KIM BRANDON
 CHEVY CHASE MD 20815**

**8401 CONNECTICUT AVE.
 ATTN: KIM BRANDON
 CHEVY CHASE MD 20815-5803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1371696

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	CARACI, PHILIP D.	
STREET ADDRESS	8401 CONNECTICUT AVE.	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HEASLEY, ROSS E.	
STREET ADDRESS	8401 CONNECTICUT AVE.	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, PATRICIA	
STREET ADDRESS	8401 CONNECTICUT AVE.	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BRANDON, KIMBERLEY J.	
STREET ADDRESS	8401 CONNECTICUT AVE.	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALBRIGHT, WILLIAM K.	
STREET ADDRESS	8401 CONNECTICUT AVE.	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM K. ALBRIGHT

9/27/00

301/986-6103

Date

Daytime Phone #

CR2E034 (9/99)