

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **857343** (8)

1. Corporation Name

HANNON ARMSTRONG & COMPANY CORP.



Principal Place of Business

112 SOUTH ALFRED STREET
ALEXANDRIA VA 22314

Mailing Address

112 SOUTH ALFRED STREET
ALEXANDRIA VA 22314

3. Date Incorporated or Qualified
08/05/1983

3a. Date of Last Report
08/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

54-1179086

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

10. Name and Address of New Registered Agent

**HANNON, MICHAEL
HANNON ARMSTRONG & COMPANY
% GEN. OFFSHORE CORP., 2605 STIRLING ROAD
FT. LAUDERDALE FL 33313**

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 607.1503, 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

Signature of Registered Agent or Officer

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCS	<input type="checkbox"/> DELETE
NAME	HANNON, MICHAEL	
STREET ADDRESS	112 SOUTH ALFRED STREET	
CITY-STATE-ZIP	ALEXANDRIA VA 22314	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, R. JON	
STREET ADDRESS	112 SOUTH ALFRED STREET	
CITY-STATE-ZIP	ALEXANDRIA VA 22314	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCKINNEY, MICHAEL R	
STREET ADDRESS	112 SOUTH ALFRED STREET	
CITY-STATE-ZIP	ALEXANDRIA VA 22314	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BURLEY, KATHY R	
STREET ADDRESS	112 SOUTH ALFRED STREET	
CITY-STATE-ZIP	ALEXANDRIA VA 22314	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LUNDBERG, J. CLIFTON	
STREET ADDRESS	112 SOUTH ALFRED STREET	
CITY-STATE-ZIP	ALEXANDRIA VA 22314	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	VICE PRESIDENT, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	HESTER, MICHAEL J.	
3. STREET ADDRESS	112 S. ALFRED STREET	
4. CITY-STATE-ZIP	ALEXANDRIA, VA 22314	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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 new appointment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL HANNON

08/15/96 703-681-7776
DATE (Typed Name)

CR2E034 (12/95)