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FILED
Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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 22314-3061**

3. Date Incorporated or Qualified: **08/05/1983** 3a. Date of Last Report: **02/28/1996**
 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

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
HANNON, MICHAEL
HANNON ARMSTRONG & COMPANY
% GEN. OFFSHORE CORP., 2605 STIRLING ROAD
FT. LAUDERDALE FL 33313

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: **FL**

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: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNON, MICHAEL	1.2 NAME	
STREET ADDRESS	112 SOUTH ALFRED STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22314	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, R. JON	2.2 NAME	
STREET ADDRESS	112 SOUTH ALFRED STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22314	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, MICHAEL R	3.2 NAME	
STREET ADDRESS	112 SOUTH ALFRED STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22314	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURLEY, KATHY R	4.2 NAME	
STREET ADDRESS	112 SOUTH ALFRED STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22314	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDBERG, J. CLIFTON	5.2 NAME	
STREET ADDRESS	112 SOUTH ALFRED STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22314	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESTER, MICHAEL J	6.2 NAME	
STREET ADDRESS	112 S. ALFRED STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA	6.4 CITY-ST-ZIP	

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: *Michael J. Hester* Date: **3/27/97** Daytime Phone #: **703-684-7776**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)