

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000001520

**Entity Name:** MADISON OLD HYDE PARK INC.

**Current Principal Place of Business:**

670 WATER STREET, SW  
WASHINGTON, DC 20024

**Current Mailing Address:**

670 WATER STREET, SW  
WASHINGTON, DC 20024 US

**FEI Number:** 20-2469798

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HAMMOUR, AMER  
Address 670 WATER STREET, SW  
City-State-Zip: WASHINGTON DC 20024

Title V  
Name BRAINERD, DAVID C  
Address 670 WATER STREET, SW  
City-State-Zip: WASHINGTON DC 20024

Title V  
Name MOTTOLA, GARY F  
Address 670 WATER STREET, SW  
City-State-Zip: WASHINGTON DC 20024

Title V  
Name JUN, PETER  
Address 670 WATER STREET, SW  
City-State-Zip: WASHINGTON DC 20024

Title VP  
Name ELLIOTT, JOHN  
Address 670 WATER STREET, SW  
City-State-Zip: WASHINGTON DC 20024

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID C BRAINERD

**VICE PRESIDENT**

**04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date