


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 31, 2006 8:00 am**  
**Secretary of State**

08-31-2006 90001 006 \*\*\*150.00

**DOCUMENT # F05000001520**

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



Principal Place of Business  
**1850 M STREET, N.W.  
 WASHINGTON, DC 20036**

Mailing Address  
**1850 M STREET, N.W.  
 WASHINGTON, DC 20036**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number  
**APPLIED FOR 20-2469798**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

07112006 Chg-P CR2E034 (11/05)



**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PD *</b>	<input type="checkbox"/> Delete
NAME	<b>HAMMOUR, AMER</b>	
STREET ADDRESS	<b>2001 PENNSYLVANIA AVENUE, SUITE 950</b>	
CITY-ST-ZIP	<b>WASHINGTON, DC 20006</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANTHONY, WILLIAM D</b>	
STREET ADDRESS	<b>2001 PENNSYLVANIA AVENUE, SUITE 950</b>	
CITY-ST-ZIP	<b>WASHINGTON, DC 20006</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>BRAINERD, DAVID C</b>	
STREET ADDRESS	<b>2001 PENNSYLVANIA AVENUE, SUITE 950</b>	
CITY-ST-ZIP	<b>WASHINGTON, DC 20006</b>	
TITLE	<b>EVD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KARLEN, GREG T</b>	
STREET ADDRESS	<b>2001 PENNSYLVANIA AVENUE, SUITE 950</b>	
CITY-ST-ZIP	<b>WASHINGTON, DC 20006</b>	
TITLE	<b>EVD</b>	<input type="checkbox"/> Delete
NAME	<b>MOTTOLA, GARY F</b>	
STREET ADDRESS	<b>2001 PENNSYLVANIA AVENUE, SUITE 950</b>	
CITY-ST-ZIP	<b>WASHINGTON, DC 20006</b>	
TITLE	<b>VTAS</b>	<input type="checkbox"/> Delete
NAME	<b>ANDREWS, PAUL</b>	
STREET ADDRESS	<b>1850 M STREET, N.W., 12TH FLOOR</b>	
CITY-ST-ZIP	<b>WASHINGTON, DC 20036</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Vice President &amp; Assistant Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Executive Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Vice President Secretary &amp; Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

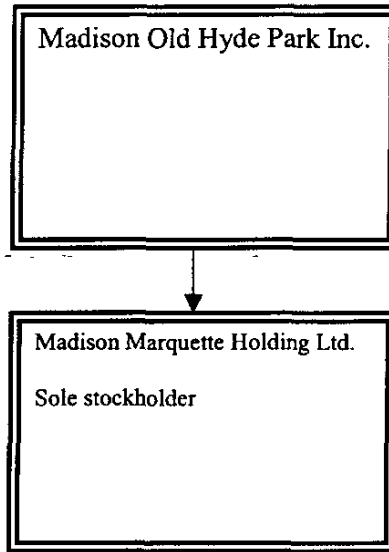
SIGNATURE: Paul Andrews  
 VP, Secretary & Treasurer  
 Date: 08-28-06 Daytime Phone #: 202-741-3850

\* I don't know what these letters represent but the official titles

ATTACHMENT 40102195

MADISON OLD HYDE PARK INC., #F05000001520  
a Delaware corporation  
ENTITY SCHEMATIC

As of March 1, 2006



ATTACHMENT

40102195  
# F05000001520

**MADISON OLD HYDE PARK INC.,  
a Delaware corporation  
ENTITY INFORMATION**

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**Certificate of Formation:**

Certificate of Formation filed with the Secretary of State of Delaware on March 1, 2005

**Foreign Qualifications:**

Certificate of Qualification filed with the Secretary of State of Florida on March 10, 2005

**Organizational ID:**

**FEIN:** 20-2469798

**Stockholders:**

Madison Marquette Holding Ltd. 100 shares

ATTACHMENT 40102195  
# FD5000001520

**MADISON OLD HYDE PARK INC.,**  
a Delaware corporation.  
**SIGNATURE BLOCK**

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**Signature Block:** As of March 1, 2006

**Madison Old Hyde Park Inc.**  
a Delaware corporation

**By:** \_\_\_\_\_  
**Paul Andrews, Vice President**