


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 812658 (3)**  
 1. Corporation Name  
**CC RETAIL SERVICES, INC.**



Principal Place of Business  
**300 ST PAUL PLACE**  
**BALTIMORE 2 MARYLAND 21202**

Mailing Address  
**300 ST PAUL PLACE**  
**BSP100**  
**BALTIMORE 2 MARYLAND 21202-2120**  
**US**

3. Date Incorporated or Qualified  
**03/28/1958**

3a. Date of Last Report  
**04/10/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>52-0706906</b>	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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 heretby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ATS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANEDY, K.A.	1.2 NAME	
STREET ADDRESS	300 ST PAUL PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BALT, MD 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUVALL, J.B.	2.2 NAME	
STREET ADDRESS	300 ST. PAUL PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, J.I.	3.2 NAME	
STREET ADDRESS	300 ST PAUL PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BALT, MD 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, J.I.	4.2 NAME	<i>V.P. Emory, D.A.</i>
STREET ADDRESS	300 ST. PAUL PLACE	4.3 STREET ADDRESS	<i>300 St. Paul Place</i>
CITY-ST-ZIP	BALTIMORE MD	4.4 CITY-ST-ZIP	<i>BALTIMORE, MD</i>
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLUNG, A.K.	5.2 NAME	
STREET ADDRESS	300 ST. PAUL PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRNE, D.A.	6.2 NAME	
STREET ADDRESS	300 ST PAUL PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	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: *K.A. Canedy* *V.P. Emory, D.A.* *4/24/97* *410-992-3100*

CR2E034 (9/96)