

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 22 1 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **815594** (7)

1. Corporation Name
C.J. LANGENFELDER & SON, INC.

Principal Place of Business	Mailing Address
8427 PULASKI HIGHWAY PO BOX 9606 BALTIMORE MD 21237-7606	8427 PULASKI HIGHWAY PO BOX 9606 BALTIMORE MD 21237-7606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/11/1961	3a. Date of Last Report 01/25/1994
4. FBI Number 52-0552293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 21237-0606 25	29 21237-0606 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when (re)registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	EVD
NAME	LUNDEEN, KENNETH C.
STREET ADDRESS	4844 BONNIE BRANCH ROAD
CITY-ST-ZIP	ELLCOTT CITY MD
TITLE	PD
NAME	SCHEELER, CHARLES
STREET ADDRESS	714 SEMINARY AVE
CITY-ST-ZIP	TOWSON MD
TITLE	V
NAME	STOKES, MARK M
STREET ADDRESS	1428 AUTUMN LEAF ROAD
CITY-ST-ZIP	TOWSON MD
TITLE	VP
NAME	BAKER, JOHN B.
STREET ADDRESS	912 OLD OAK ROAD
CITY-ST-ZIP	BALTIMORE MD
TITLE	D
NAME	ELLIOTT, HARRY M.
STREET ADDRESS	7 TURNBERRY COURT
CITY-ST-ZIP	LUTHERVILLE MD
TITLE	T
NAME	FINK, JOHN L.
STREET ADDRESS	910 DELRAY DR
CITY-ST-ZIP	FOREST HILL MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(4), 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: John L. Fink John L. Fink 3/08/95 (410) 682-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System Issue #)

Item No. 12. (continued)

- 7.1 Vice President
- 7.2 Stephen R. Lohman
- 7.3 13316 Locksley Lane
- 7.4 Silver Spring, MD

- 8.1 Secretary
- 8.2 Betty A. Miller
- 8.3 7601 Bradshaw Road
- 8.4 Kingsville, MD