

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

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| PROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 815594 (7)

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



| | |
|---|---|
| Principal Place of Business 8427 PULASKI HIGHWAY PO BOX 9606 BALTIMORE MD 21237-0606 US | Mailing Address 8427 PULASKI HIGHWAY PO BOX 9606 BALTIMORE MD 21237-0606 US |
|---|---|

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

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|---|--|
| 3. Date Incorporated or Qualified 09/11/1961 | 3a. Date of Last Report 03/22/1995 |
| 4. FLI Number 52-0552293 | Applied For 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 | |

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 |

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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 (not acceptable) (NOT Registered Agent signature insured when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EVD LUNDEEN, KENNETH C. | 1.2 NAME | LUNDEEN, KENNETH C. |
| STREET ADDRESS | 4844 BONNIE BRANCH ROAD | 1.3 STREET ADDRESS | 4844 BONNIE BRANCH ROAD |
| CITY-STATE-ZIP | ELLCOTT CITY MD | 1.4 CITY-STATE-ZIP | ELLCOTT CITY, MD |
| TITLE | <input type="checkbox"/> DELETE | 2. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PD SCHEELER, CHARLES | 2.2 NAME | SCHEELER, CHARLES |
| STREET ADDRESS | 714 SEMINARY AVE | 2.3 STREET ADDRESS | 714 SEMINARY AVE |
| CITY-STATE-ZIP | TOWSON MD | 2.4 CITY-STATE-ZIP | TOWSON, MD |
| TITLE | <input checked="" type="checkbox"/> DELETE | 3. TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | V STOKES, MARK M | 3.2 NAME | EISENHOUR, JR., JOHN E. |
| STREET ADDRESS | 1426 AUTUMN LEAF ROAD | 3.3 STREET ADDRESS | 801 WILLIAM STREET |
| CITY-STATE-ZIP | TOWSON MD | 3.4 CITY-STATE-ZIP | BALTIMORE, MD |
| TITLE | <input type="checkbox"/> DELETE | 4. TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VP BAKER, JOHN B. | 4.2 NAME | TRESSLER, DALE E. |
| STREET ADDRESS | 912 OLD OAK ROAD | 4.3 STREET ADDRESS | 431 FOX CATCHER ROAD |
| CITY-STATE-ZIP | BALTIMORE MD | 4.4 CITY-STATE-ZIP | BEL AIR, MD |
| TITLE | <input type="checkbox"/> DELETE | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D ELLIOTT, HARRY M. | 5.2 NAME | |
| STREET ADDRESS | 7 TURNBERRY COURT | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | LUTHERVILLE MD | 5.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T FINK, JOHN L. | 6.2 NAME | FINK, JOHN L. |
| STREET ADDRESS | 910 DELRAY DR | 6.3 STREET ADDRESS | 910 DELRAY DR |
| CITY-STATE-ZIP | FOREST HILL MD | 6.4 CITY-STATE-ZIP | FOREST HILL, MD |

| | |
|--------------------|--|
| 1. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | LUNDEEN, KENNETH C. |
| 1.3 STREET ADDRESS | 4844 BONNIE BRANCH ROAD |
| 1.4 CITY-STATE-ZIP | ELLCOTT CITY, MD |
| 2. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | SCHEELER, CHARLES |
| 2.3 STREET ADDRESS | 714 SEMINARY AVE |
| 2.4 CITY-STATE-ZIP | TOWSON, MD |
| 3. TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | EISENHOUR, JR., JOHN E. |
| 3.3 STREET ADDRESS | 801 WILLIAM STREET |
| 3.4 CITY-STATE-ZIP | BALTIMORE, MD |
| 4. TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | TRESSLER, DALE E. |
| 4.3 STREET ADDRESS | 431 FOX CATCHER ROAD |
| 4.4 CITY-STATE-ZIP | BEL AIR, MD |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-STATE-ZIP | |
| 6. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | FINK, JOHN L. |
| 6.3 STREET ADDRESS | 910 DELRAY DR |
| 6.4 CITY-STATE-ZIP | FOREST HILL, MD |

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)(k), 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, Vice President-Treasurer** 4/30/96 (410) 682-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

CR2E034 (12/95)