

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

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/11/1961	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 52-0552293	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUNDEEN, KENNETH C.	
STREET ADDRESS	4844 BONNIE BRANCH RD	
CITY-ST-ZIP	ELLICOTT CITY MD	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	SHEELER, CHARLES	
STREET ADDRESS	714 SEMINARY E	
CITY-ST-ZIP	TOWSON MD	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EISENHOUR, JR JOHN E	
STREET ADDRESS	801 WILLIMA STREET	
CITY-ST-ZIP	TOWSON MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TRESSLER, DALE E.	
STREET ADDRESS	431 FOX CATCHER ROAD	
CITY-ST-ZIP	BEL AIR MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIOTT, HARRY M.	
STREET ADDRESS	7 TURNBERRY COURT	
CITY-ST-ZIP	LUTHERVILLE MD	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FINK, JOHN J	
STREET ADDRESS	910 DELRA DR	
CITY-ST-ZIP	FOREST HILL MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES R. MATTERS	
1.3 STREET ADDRESS	P.O. BOX 943	N/A
1.4 CITY-ST-ZIP	RIDGELY, MD	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID G. HOWSON	
2.3 STREET ADDRESS	907 W. 14TH AVENUE	
2.4 CITY-ST-ZIP	COVINGTON, LA	
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 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: *John J. Fink* **JOHN L. FINK VICE PRESIDENT** 05/01/98 410-682-2000

CR2E034 (10/97)