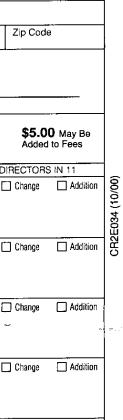
2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 815594** C.J. LANGENFELDER & SON, INC. Principal Place of Business Mailing Address 8427 PULASKI HIGHWAY 8427 PULASKI HIGHWAY PO BOX 9606 PO BOX 9606 **BALTIMORE MD 21237-0606 BALTIMORE MD 21237-0606** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 52-0552293 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE JAMES R MATTERS NAME NAME PO BOX 943 STREET ADDRESS STREET ADORESS CITY-ST-ZIP RIDGELY MD CITY-ST-ZIP TITLE ☐ Delete TITLE DAVID G HOWSON NAME NAME STREET ADORESS 907 W 14TH AVE STREET ADDRESS

FILED Jan 29, 2001 8:00 am Secretary of State

01-29-2001 90069 033 ***150.00



☐ Addition

☐ Addition

Applied For

Not Applicable

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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COVINGTON LA

LUNDEN, KENNETH C

COLUMBIA MD 21044

TRESSLER, DALE E.

ELLIOTT, HARRY M.

LUTHERVILLE MD

FINK, JOHN J

910 DELRA DR

FOREST HILL MD

7 TURNBERRY COURT

BEL AIR MD

11317 BUCKLEBERRY PATH

431 FOX CATCHER ROAD

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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CITY-ST-7IP

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

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NAME

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NAME

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NAME

John L. Fink, Vice President
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

410-682-2000

Change

☐ Change

AU2568

V Stephen R. Lohman 13316 Locksley Lane Silver Spring, MD 20904

S Deborah A. Prochaska 511 Poplarwood Court Bel Air, MD 21014