

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 19 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **848310** (9)

1. Corporation Name
HAYWARD BAKER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1875 MAYFIELD ROAD
ODENTON MD 21113**

Mailing Address
**1875 MAYFIELD ROAD
ODENTON MD 21113**

3. Date Incorporated or Qualified **02/19/1981** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-2059235** Applied For Not Applicable

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 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **WEST, J M**
STREET ADDRESS **20 WOODLAND Gdns**
CITY-ST-ZIP **LONDON N10, ENGLAND**

1.1 TITLE **D** Change Addition
1.2 NAME **Dobson, Tom**
1.3 STREET ADDRESS **1078 Foxcroft Run**
1.4 CITY-ST-ZIP **Annapolis, MD 21403**

TITLE **P**
NAME **DOBSON, THOMAS**
STREET ADDRESS **1078 FOXCROFT RUN**
CITY-ST-ZIP **ANNAPOLIS MD**

2.1 TITLE **P** Change Addition
2.2 NAME **Rubright, Robert**
2.3 STREET ADDRESS **10036 Inkpen Place**
2.4 CITY-ST-ZIP **Ellicott City, MD 21042**

TITLE **VP**
NAME **WELSH, JOSEPH P.**
STREET ADDRESS **219 ST IVES DR**
CITY-ST-ZIP **SEVERNA MD**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS **000001462080**
3.4 CITY-ST-ZIP **-04/21/95--01018--013**
******130.00 ****130.00**

TITLE **AS**
NAME **VANDERPOOL, R.D.**
STREET ADDRESS **10320 JOHN EAGER COURT**
CITY-ST-ZIP **ELICOTT CITY MD**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **SD**
NAME **YALE, RICHARD N.**
STREET ADDRESS **6428 MISTY TOP PASS**
CITY-ST-ZIP **COLUMBIA MD**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **4/19/95 asst**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R.D. Vanderpool
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.D. Vanderpool, Assistant Secretary

410-551-8200

Date

(Type in Here)