## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 848310

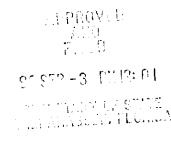
(9)

HAYWARD BAKER, INC.

Principal Place of Business Mailing Address

1875 MAYFIELD ROAD

1875 MAYFIELD ROAD





OUENION MD 21113 OUENION MD 21113										
						3. Date Incorporated or Qualified 02/19/1981		e of Last   <b>)4/19/1</b> 9		
2.	Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		<u> </u>	Applied For	
21			26	<u> </u>		59-2059235			lot Applicable	
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>_</b>		5. Certificate of Status Desired	TX	\$8.75 Additional Fee Required		
	City & State		Orty & State		6. Election Campaign Financing		\$5.00	<b>О</b> Мау Ве		
23			28	.l		Trust Fund Contribution		Added	to Fées	
	Zφ	Country	Ζip	Cou	ntry	8. This corporation has liability for in			199.032,	
24	,	25	29	30		Florida Statutes				
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
					81 Name					
ł	7 GT CORPORATION SYSTEM					82 Street Address (P.O. Box Number is Not Acceptable)				
	1200 S.	PINE ISLAND ROAD			Second Addition in the American Second Secon					
ļ	"FLANTA	TION FL 33324			83					
	•				84 City			[85] 7in	Code	
					City		FL	<b>85</b> Zip	Code	
	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of 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 617.0503, Florida Statutes.									
		Signature, typeo or printed name of registered again			Agent signature requi		DATE	nincoro	cio in it.	
_1:		OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC				
	TLE	D popoosi void	DELETE	1.1 TI		الرايات يالان يالان يالان			Addition	
N	IME	DODSON, TOM		1.2 NAME		3000	וויין די	345	aara	
\$T	REET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1.3 STREET ADDRESS		-09/11/				
	TY-ST-ZIP				TY - ST - ZIP	*****			<u> •61.25</u>	
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N/	UME	Rubright, Robert		2.2 N		300001943: -09/11/96010020		ian a		
ST	REET ADDRESS	10036 INKPEN PLACE		235	TREET ADDRESS					
Cr	Y-ST-ZIP ELLICOTT CITY MD 2104				ITY - ST - ZIP	*****	ช. (5	<b>非非非非</b>	**8.75	
TITLE		VP	DELETE	3 1 TI	TLE			]] Change	Addition	
N.A	ME WELSH, JOSEPH P.			3.2 N	AME					
\$T	REET ADDRESS	219 ST IVES DR		335	FREET ADDRESS					
CI	TY-ST-ZIP	SEVERNA MD		3 4. 0	ITY - ST - ZIP					
Ðπ	TLE	AS	☐ DELETE	4.1 Ti	TLE			Change	Addition	
N/	ME ]	VANDERPOOL, R.D.			AME					
ST	REET ADDRESS 10320 JOHN EAGER COURT			4.3 S	FREET ADDRESS					
Cf	TY-ST-ZIP	ZIP ELLICOTT CITY MD		44C	TY-ST-ZIP					
-	TLE .	\$D	DELETE	5.1 TI	TLE			Change	Addition	
NAME		YALE, RICHARD N.			AME					
ST	REET ADDRESS	6428 MISTY TOP PASS		538	TREET ADDRESS					
	TY-ST-ZIP	COLUMBIA MD			TY-ST-ZIP					
-	ILE .		DELETE	617				Change	Addition	
	ME -	_	<b>_</b>	6 2 N.			_			
1	REET ADDRESS	•			IREET ADDRESS					
1										
	TY-ST-ZiP	cartify that the information cumulad	with this filips is voluntarily for		TY-ST-ZIP	for the exemption stated in Section 119.0	7/24L) Éloc	ida Statut	oc I further	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OF SIGNATURE AND MINO OFFICER OR DIRECTOR
Assistant Secretary

(410) 55188200

6/13/96