

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED
7/10
7/10

95 SEP - 3 PM 12:01

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 848310 (9)

1. Corporation Name
HAYWARD BAKER, INC.



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: 04/19/1995

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

4. FEI Number: 59-2059235
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GT 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: FL

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 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

foreign Non Profit 32

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODSON, TOM	1.2 NAME	300001943913
STREET ADDRESS	1078 FOXCROFT RUN	1.3 STREET ADDRESS	-09/11/96--01002--001
CITY-ST-ZIP	ANNAPOLIS MD 21403	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBRIGHT, ROBERT	2.2 NAME	300001943913
STREET ADDRESS	10038 INKPEN PLACE	2.3 STREET ADDRESS	-09/11/96--01002--002
CITY-ST-ZIP	ELLCOTT CITY MD 21042	2.4 CITY-ST-ZIP	*****8.75 *****8.75
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELSH, JOSEPH P.	3.2 NAME	
STREET ADDRESS	219 ST MES DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEVERNA MD	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERPOOL, R.D.	4.2 NAME	
STREET ADDRESS	10320 JOHN EAGER COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELLCOTT CITY MD	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YALE, RICHARD N.	5.2 NAME	
STREET ADDRESS	6428 MISTY TOP PASS	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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 617, 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 Date: 6/13/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **R. D. Vanderpool, Assistant Secretary** (410) 551-8200