

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90014 041 \*\*\*\*70.00

0082727

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 848310**

1. Corporation Name  
**HAYWARD BAKER, INC.**

Principal Place of Business 1875 MAYFIELD ROAD ODENTON MD 21113	Mailing Address 1875 MAYFIELD ROAD ODENTON MD 21113
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/19/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2059235 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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 85 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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
STREET ADDRESS	1078 FOXCROFT RUN	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD 21403	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBRIGHT, ROBERT	2.2 NAME	
STREET ADDRESS	10036 INKPEN PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELLCOTT CITY MD	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELSH, JOSEPH P.	3.2 NAME	VP George K. Burke
STREET ADDRESS	219 ST IVES DR	3.3 STREET ADDRESS	211 Serenade Court
CITY-ST-ZIP	SEVERNA MD	3.4 CITY-ST-ZIP	Millersville, MD 21108
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERPOOL, R.D.	4.2 NAME	AS David T. Peitsch
STREET ADDRESS	6420 LORING DR	4.3 STREET ADDRESS	2102 Peaceful Way, #P1
CITY-ST-ZIP	COLUMBIA MD 21945	4.4 CITY-ST-ZIP	Odenton, MD 21113
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	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: April 21, 1999 (410)551-8200  
SIGNATURE REQUIRED  
Signature and typed or printed name of signing officer or director  
 Richard N. Yale Secretary/Director  
Daytime Phone #

CR2E037 (11/98)