

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90078 049 ****70.00

0088137

DOCUMENT # 848310

1. Entity Name

HAYWARD BAKER, INC.

Principal Place of Business

Mailing Address

1875 MAYFIELD ROAD
 ODENTON MD 21113

1875 MAYFIELD ROAD
 ODENTON MD 21113

921004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2059235

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Delete
 NAME: **D**
DODSON, TOM
 STREET ADDRESS: **1078 FOXCROFT RUN**
 CITY-ST-ZIP: **ANNAPOLIS MD 21403**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **PD**
RUBRIGHT, ROBERT
 STREET ADDRESS: **10036 INKPEN PLACE**
 CITY-ST-ZIP: **ELLCOTT CITY MD**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **VP**
BURKE, GEORGE K
 STREET ADDRESS: **211 SERANADE COURT**
 CITY-ST-ZIP: **MILLERSVILLE MD 21108**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **AS**
PEITSCH, DAVID T
 STREET ADDRESS: **2102 PEACEFUL WAY, #P1**
 CITY-ST-ZIP: **ODENTON MD 21113**

TITLE: Change Addition
 NAME: **Assistant Secretary**
David T. Peitsch
 STREET ADDRESS: **11632 Quarterfield Road**
 CITY-ST-ZIP: **Ellicott City, MD 21042**

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

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Richard N. Yale, VP Finance/Secretary 02/22/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)