

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848310

FILED
Jan 19, 2005
Secretary of State

Entity Name: HAYWARD BAKER, INC.

Current Principal Place of Business:

1875 MAYFIELD ROAD
ODENTON, MD 21113

New Principal Place of Business:

Current Mailing Address:

1875 MAYFIELD ROAD
ODENTON, MD 21113

New Mailing Address:

FEI Number: 59-2059235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: JORDAN, DAN
Address: 6260 MARTIN ROAD
City-St-Zip: COLUMBIA, MD 21044

Title: D () Delete
Name: RUBRIGHT, ROBERT
Address: 10036 INKPEN PLACE
City-St-Zip: ELLICOTT CITY, MD

Title: VP () Delete
Name: BURKE, GEORGE K
Address: 211 SERANADE COURT
City-St-Zip: MILLERSVILLE, MD 21108

Title: AS () Delete
Name: PEITSCH, DAVID T
Address: 11632 QUARTERFIELD ROAD
City-St-Zip: ELLICOTT CITY, MD 21042

Title: SD () Delete
Name: YALE, RICHARD N.,
Address: 6428 MISTY TOP PASS
City-St-Zip: COLUMBIA, MD

Title: PD () Delete
Name: GRISHAM, GEORGE R
Address: 1154 BACON RIDGE RD.
City-St-Zip: CROWNSVILLE, MD 21032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID T. PEITSCH

MR.

01/19/2005

Electronic Signature of Signing Officer or Director

Date