


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90082 035 ****70.00

DOCUMENT # 848310
1. Entity Name
HAYWARD BAKER, INC.



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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2059235** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE N/A
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DODSON, TOM	
STREET ADDRESS	1078 FOXCROFT RUN	
CITY-ST-ZIP	ANNAPOLIS MD 21403	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RUBRIGHT, ROBERT	
STREET ADDRESS	10036 INKPEN PLACE	
CITY-ST-ZIP	ELLICOTT CITY MD	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BURKE, GEORGE K	
STREET ADDRESS	211 SERANADE COURT	
CITY-ST-ZIP	MILLERSVILLE MD 21108	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PEITSCH, DAVID T	
STREET ADDRESS	11632 QUARTERFIELD ROAD	
CITY-ST-ZIP	ELLICOTT CITY MD 21042	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YALE, RICHARD N.	
STREET ADDRESS	6428 MISTY TOP PASS	
CITY-ST-ZIP	COLUMBIA MD	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George R. Grisham	
STREET ADDRESS	1154 Bacon Ridge Road	
CITY-ST-ZIP	Crownsville, MD 21032	

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 410-551-8200
CF0/Secretary 01-15-2003

CR2E037 (10/02)