

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000003854**

1. Entity Name  
**MENTOR 4, INC.**



Principal Place of Business  
**7437 RACE ROAD  
HANOVER, MD 21076 US**

Mailing Address  
**C/O RANDALL D. SONES  
7301 PARKWAY DRIVE  
HANOVER, MD 21076**



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2315771**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MCSALLY, MICHAEL E
STREET ADDRESS	7437 RACE ROAD
CITY- ST- ZIP	HANOVER, MD 21076
TITLE	S
NAME	SONES, RANDALL D
STREET ADDRESS	7301 PARKWAY DRIVE
CITY- ST- ZIP	HANOVER, MD 21076
TITLE	T
NAME	STANDEVEN, DAVID J
STREET ADDRESS	7301 PARKWAY DRIVE
CITY- ST- ZIP	HANOVER, MD 21076
TITLE	V
NAME	MURPHY, FRANCIS
STREET ADDRESS	7437 RACE RD
CITY- ST- ZIP	HANOVER, MD 21076
TITLE	D
NAME	BISCIOTTI, STEPHEN J
STREET ADDRESS	7301 PARKWAY DRIVE
CITY- ST- ZIP	HANOVER, MD 21076
TITLE	D
NAME	DAVIS, JAMES C
STREET ADDRESS	7301 PARKWAY DRIVE
CITY- ST- ZIP	HANOVER, MD 21076

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01/16/04-80041-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Randall D. Sones* 1/7/04 410 579 3500