

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000307

**FILED**  
**Apr 30, 2005**  
**Secretary of State**

**Entity Name:** EMPLOYMENT BACKGROUND INVESTIGATIONS, INC.

**Current Principal Place of Business:**

P.O. BOX 629  
OWINES MILLS, MD 21117

**New Principal Place of Business:**

20 NEW PLANT COURT  
SUITE #200  
OWINGS MILLS, MD 21117

**Current Mailing Address:**

P.O. BOX 629  
OWINES MILLS, MD 21117

**New Mailing Address:**

P.O. BOX 629  
OWINGS MILLS, MD 21117

**FEI Number:** 52-1905466      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KURLAND, RICHARD  
Address: P.O. BOX 629  
City-St-Zip: OWINGS MILLS, MD 21117

Title: V ( ) Delete  
Name: ROBINSON, SCOTT  
Address: P.O. BOX 629  
City-St-Zip: OWINGS MILLS, MD 21117

Title: S ( ) Delete  
Name: ROBINSON, LEONARD  
Address: P.O. BOX 629  
City-St-Zip: OWINGS MILLS, MD 21117

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD A. KURLAND

P

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date