

FILED
May 13, 2008 8:00 am
Secretary of State

DOCUMENT # F07000006073



Mailing Address
11200 ROCKVILLE PIKE, STE. 502
ROCKVILLE, MD 20852

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

CR2E034 (12/06)

4. FEI Number

52-0903424

Applied For
Not Applicable

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

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 _____

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCOO	<input type="checkbox"/> Deleted
NAME	BRESLER, SIDNEY M	
STREET ADDRESS	11200 ROCKVILLE PIKE, STE. 502	
CITY-ST-ZIP	ROCKVILLE, MD 20852	

TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	BRESLER, SIDNEY M	
STREET ADDRESS	11200 ROCKVILLE PIKE, STE. 502	
CITY - ST - ZIP	ROCKVILLE, MD 20852	

TITLE	CD	<input type="checkbox"/> Delete
NAME	BRESLER, CHARLES S	
STREET ADDRESS	11200 ROCKVILLE PIKE, STE. 502	
CITY-ST-ZIP	ROCKVILLE, MD 20852	

TITLE	CFO	<input type="checkbox"/> Deleted
NAME	EDELSTEIN, DARRYL M	
STREET ADDRESS	11200 ROCKVILLE PIKE, STE. 502	
CITY-ST-ZIP	ROCKVILLE, MD 20852	

TITLE	S	<input type="checkbox"/> Delete
NAME	CAFARDI, JEAN S	
STREET ADDRESS	11200 ROCKVILLE PIKE, STE. 502	
CITY - ST - ZIP	ROCKVILLE, MD 20852	

TITLE	D	<input type="checkbox"/> Delete
NAME	AUGER, BEN	
STREET ADDRESS	105 BLACKTHORN ROAD	
CITY-ST-ZIP	WALLINGFORD, PA 19086	

TITLE	CEO/D/P	<input checked="" 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	<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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 # _____