

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002034 (6)

1. Corporation Name

ST. PAUL COMPUTER CENTER, INC.



Principal Place of Business

Mailing Address

300 HOSPITAL DRIVE
SUITE 30
GLEN BOWIE MD 21061
US

300 HOSPITAL DRIVE
SUITE 30
GLEN BOWIE MD 21061
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1994

4. FEI Number

52-0902065

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARTLOVE, HENRY F
7660 BENJI RIDGE TRAIL
KISSIMMEE FL 34747

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

HENRY F. HARTLOVE

3/12/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PC
LEVINSKY, FREDERICK P
13536 FORK ROAD
BALDWIN MD 21013

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HARTLOVE, HENRY W
102 DALEVIEW COURT
TIMONIUM MD

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
REITTERER, BOYCE C
1075 HALI RIDGE COURT
KISSIMMEE FL 34747

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
LEWIS, ROBERT H
205 MARGATE ROAD
LUTHERVILLE MD

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTD
HARTLOVE, HENRY F
7660 BENJI RIDGE TRAIL
KISSIMMEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

HENRY F. HARTLOVE

3/12/98

(410) 760-3447

CR2E034 (10/97)