

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

FILED

**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000004009 (4)
1. Corporation Name:
BIRCH & DAVIS ASSOCIATES, INC.



Principal Place of Business: **8905 FAIRVIEW RD. SILVER SPRINGS MD 20910**
Mailing Address: **8905 FAIRVIEW RD. SILVER SPRINGS MD 20910-4147**

| | | | | | |
|--|--|---|--|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/06/1996 | 3a. Date of Last Report N/A |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 52-1069745 | | Applied For Not Applicable | |
| 22. City & State Silver Spring, MD | 27. City & State Silver Spring, MD | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. Zip 20910 | 28. Zip 20910 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Country | 29. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | | | |
|--|--|--|--|--|--------------|
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | 10. Name and Address of New Registered Agent | |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | VC <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BIRCH, HERBERT M JR. | 1.2 NAME | |
| STREET ADDRESS | 8905 FAIRVIEW RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SILVER SPRINGS MD 20910 | 1.4 CITY-ST-ZIP | |
| TITLE | PCEO <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, WILLIE H | 2.2 NAME | |
| STREET ADDRESS | 8905 FAIRVIEW RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SILVER SPRINGS MD 20910 | 2.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TREASURE, KERRY G | 3.2 NAME | |
| STREET ADDRESS | 8905 FAIRVIEW RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SILVER SPRINGS MD 20910 | 3.4 CITY-ST-ZIP | |
| TITLE | VCEO <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FELTON, DIANNE L | 4.2 NAME | |
| STREET ADDRESS | 8905 FAIRVIEW RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SILVER SPRINGS MD 20910 | 4.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D'ALESSIO, ROBERT J | 5.2 NAME | |
| STREET ADDRESS | 8905 FAIRVIEW RD. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SILVER SPRINGS MD 20910 | 5.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TURNER, MILTON | 6.2 NAME | |
| STREET ADDRESS | 8905 FAIRVIEW RD. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | SILVER SPRINGS MD 20910 | 6.4 CITY-ST-ZIP | |

14. I do 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 and has not changed, or on an attachment with approval.

SIGNATURE: *Dianne L. Felton* **Dianne L. Felton** 2/13/97 (301) 589-6760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)