

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

FILED  
Feb 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000004009 (4)**  
1. Corporation Name  
**BIRCH & DAVIS ASSOCIATES, INC.**



Principal Place of Business <b>8905 FAIRVIEW RD. SILVER SPRING MD 20910 US</b>	Mailing Address <b>8905 FAIRVIEW RD. SILVER SPRING MD 20910 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/06/1996</b>	
21	22	26	27	4. FEI Number <b>52-1069745</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			10. Name and Address of New Registered Agent		
			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85 Zip Code
				<b>FL</b>	

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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: *Dianne L. Felton* | Dianne L. Felton (301) 589-6760

CF2E034 (10/97)